MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ot age	2411 N. Char	clea St., Baltimore (47)	
correct	CERTIFICA	TE OF DEATH Reg. Dist. No. 3.	
early and legible	City or town. (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, lactitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County	
informat ion of death cl	3. (a) FULL NAME Sarah Annie Adams	3. (b) Social Security Number	
of	4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	
Supply every it ease write the	8.(6) Hamo of husband or wife A Radacca Scientific Scie	21. I CERTIFY that death occurres on the date above stated: that I attended deceased from	
	7. Birth date of deceased (mo., day, yr.) Ourg. 30 /864 8. AGE: Years Months Days If less than one day 8. O 9 /3hrsmin.	and that I lest saw h Actualive on 1943— Impediate cause of death DURATION	
G INK.	9. Birthplace	Due to Receive ma S/Villa	
FADING Physicis	11. Industry or business 12. Name	Other cooditions	
virti import	14. Maiden name 11. 15. Birthpiace 11. Birthpiace 1	(Include pregnancy within 8 months of death) Major findings of operations	
PLAINLY, is especially	16. Informant Mrs. Blo. At Augher Address 4/2/2 Elsrode are Bullo	Antopsy results	
	Burial, cremation, or removal. Which?) Date thereot (month) (day) (year) Cemetery or prematory	Accident, suicide, or homicide	
ASE WRITE	18. Funeral director Harris Wats Land	Injured at home, tarm, Industry, public place (where?) Means of Injury tnjured at work?	
PLEAS	Address // O Delico door Une 19. 5 / Markey (Datyree'd by registrar) 19. 45 / Markey Registrar	23. SIGHATURE P. Martin M. D. or other Addres Pandallatorn Dato signed 1/3/45	



STATE OF MARYLAND—	CERTIFICATE OF DEATH (5770 '
1. PLACE OF DEATH	\$30
County 03 celtr	Registration Dist. No. 38
Village or City Towson	NoSt,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
7110011 7010001	in alrich
2. FULL NAME VY COVY	All was
(a) Residence: No O D D (Usual place of Abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) OC + 22/865	I last saw have elive on July 19 4J; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	THE FRICE AL CAOSE OF DEATH end releted causes of importance
8 Trade profession or particular	Christaturosella 1938
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	-
10. Date deceased last worked at this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Allaware (Stete or country)	Other Contributory Causes of Importence: 265,19
# 13. NAME & UCOS CULTICH	Ĭ
14. BIRTHPLACE (city or town) LOL aware.	Neme of operation
(State of country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Mallelle Cover 16. BIRTHPLACE (city or town) L. C.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
S (Stete or country)	Where did injury occur?
17. INFORMANT MAS JOHN WOODS (Address) 200 Wed av	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION, DR REMOVAL Nace Dete. Dete.	Manner of injury
19. UNDERTAKER TO A Lengthacy	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 6/18, 1945 A-Co. Hedrick	If so, specify (Signed) M. D
Registrar.	(Address)

0

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar

PHYSICIAN

Reg. Dist. No. BALTO-

NONE

1231 N.LONGWOOD ST. (If rursl give LOCATION)

MARYLAND STATE DEPARTMENT OF HEALTH

3. (b) Social Security Number

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

DURATION

Please underline the cause to which death should be charged statisti-

(County)

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at work?

M. D. or other

(Date rec'd by registrar)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE

2. USUAL RESIDENCE O	F DECEASED: C5772
(a) State Md.	(b) County Balto.
107	tonsville, e city or town limits, write RURAL and give town) Hilton Ave.
(d) Street No	(If rural give location)
(e) Citizen of foreign c	ountry?(Yes or No)
MED	DICAL CERTIFICATION
MED 20. DATE OF DEATH	June 27, 19 45, at M
20. DATE OF DEATH	June 27, 19 45, at M corred on the date above stated; that lattend- 19 45,

Other Condition

(Include pregnancy within 3 months of death) Date of operation

Major findings of operation:

charged statis-22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence at

(c) Where did injury occur? (City or town)

(d) Did injury occur about home, on farm, industrial place, in public .. While at work? place?

(e) Means of injury

23. Signature Molling

(month) (day) (year)

Baltimore,

1900 Eutaw Place

Address 4012 Edmondson Ave.

Date signed

PHYSICIAN

Underline the

cause to which death should be

(Burial, cremation, or removal)

Location Balto. Md.

(c) Cemetery or crematory.

VS 150

18 (a) Funeral director.

(b) Address

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

BUMBAT V.S.

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

VS A15

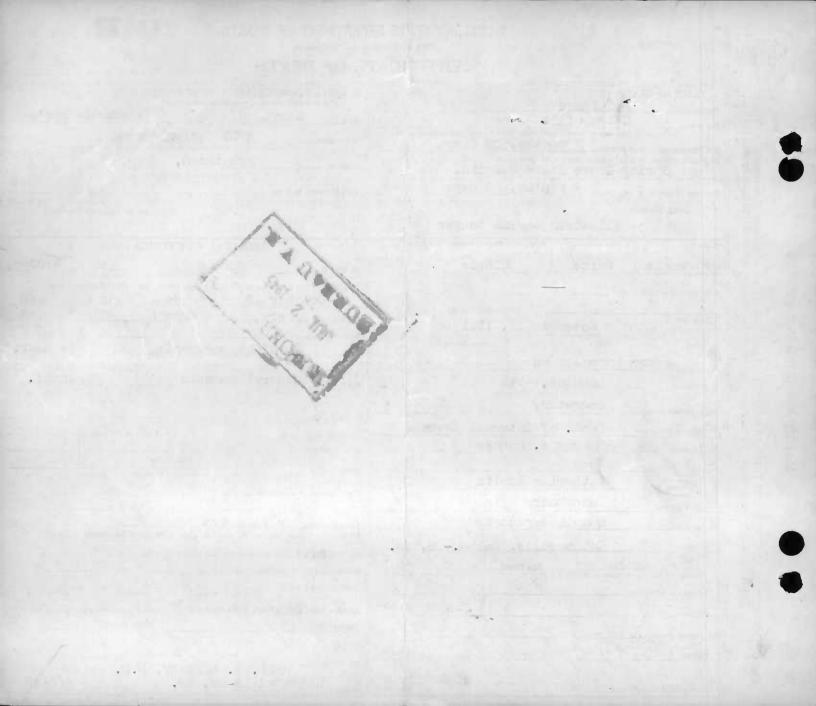
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 204)



CERTIFICATE OF DEATH

	Reg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cotonomilla	State Maryland County Prince Georg	ge's	
(If outside city or town limits, write RURAL and give nearest town) How long is above place of death? 7 months, 23 days	City or town 3709 Taylor Avenue	own)	
Hospital, institution, or street address where death occurred: Spring Grove State Hospital	Street No. Brentwood,		
Spring grove scare mospicar	(If rural, give LOCATION)	/	
How long in hospital or institution? 7 months, 23 days	2.(a) If veteran, name war		
3.(a) FULL NAME Elizabeth Amelia Becker	3. (b) Social Security Number	ber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	THE	
Female White Single	20. DATE DF DEATH	8:00 p _M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fr		
6.(c) If alive, give ageyears	October 13 19 44 to June 5		
7. Birth date of	and that I last saw h.er alive on June 5	19.45	
Received (mod act; 114)	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Terminal pneumonia 24	hours	
33 6 25hrsmin.	•		
9. Birthplace Dubuque, Iowa (Town, county, and state) Secretary	Due to. General paresis In	def.	
10. Usual occupation	Due to		
11. industry or business Dept. of Internal Revenue			
George A. Becker	Dther conditions		
12. Name	· · · · · · · · · · · · · · · · · · ·		
	(Include pregnancy within 3 months of death)		
E 14. maiden name	Major findings of operations		
15. Birthplace Luxembourg	Date of op.	,.,	
16 informant Hospital records	Autopsy resofts. As above		
	PHYSICIAN: Please underline the caose to which death should be charged statist	ically.	
Address Catonsville, Balto.—28, Md. 17	22. VIOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?	te)	
Location	Injured at home, farm, Industry, public place (where?)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Means of injury Injured at work?		
18. Funeral director Wm J. Malley Address 3200 St. J. ave mo Rangier md.	23. SIGNATURE Laborate Fardure	54	
19. (Date rec'd by registrar) Deputy Love Property	Hobt. E. Gardner, M.D. M. D. or oth	er /5/45	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			0211111011	Reg. Dist. No.	••••••
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	a.
County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 110 Days. Nospital, institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland How long in hospital or institution? 110 Days		State Maryland County City or town Box 368 Lincoln Hgts. (If outside city or town limits, write RURAL and give nearest town) Streel No. See above (If rural, give LOCATION)			
3. (a) FULL NAM	WILLIAM	T. BEF	RY	3. (b) Social Secu	rity Number
4. Sex Male	5. Color or race Colored	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	at 3.4.30A.
6.(b) Name of husban 7. Birth date ot deceased (mo., day,		6.	Ce) If alive, give age?years	21. I CERTIFY that death occurred on the date above stated; that I attended March 10, 1945 19 to June and that I last saw h. imalive on	28.,145
8. AGE: Yea 5	111.0	Days 14	If less than one dayhrsmin.	Cerebral Embolism	1-1/2 Hrs
1D. Usual occupation 11. Industry or busine	Unemplo	y.ed	state)	Due to Disease of the Heart Cause: Coronary Arteriosclerosis, ///////////////////////////////////	i-
14. Maiden name Nannie Holmes 15. Birthplace Virginia				(Include pregnancy within 3 months of death) Major findings of operations	
	inical Reco		lets. Adm. Fac.	Autopsy results	rged statistically.
Cemetery or crema		re Nat	reet June 30.1945 (month) (day) (year) ional Cemetery	Accident, suicide, or homicide	(State)
16. Funeral director.	A. Lee	Oder ork Ros	All On I	Managed At work?	

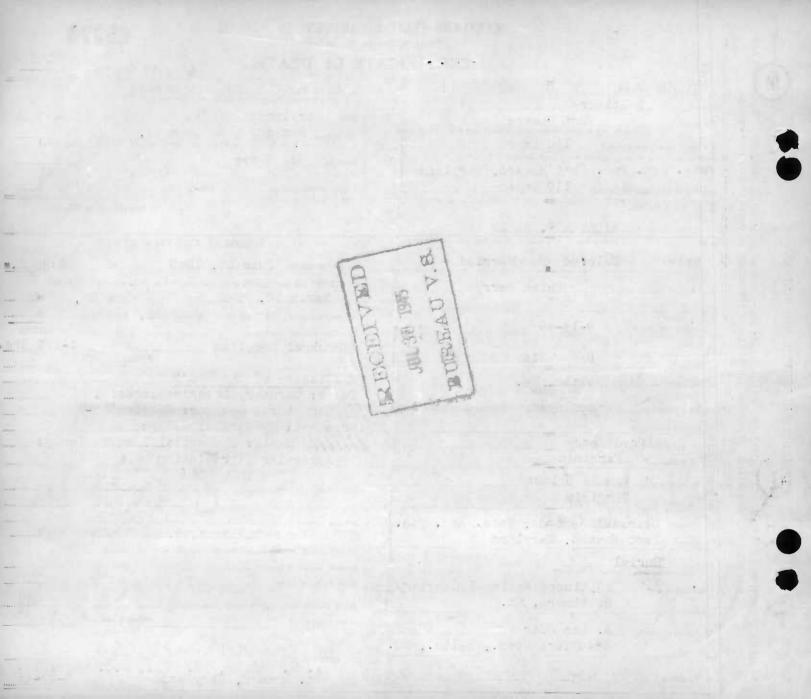
Registrar | Address.....

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

t age

PLEASE WRITE PLAINLY, WITH UNF. is especially important.



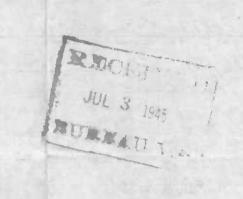
ASA

MARYLAND STATE DEPARTMENT OF HEALTH

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age	2411 N. Charle	s St., Baltimore (BFQ)	
rect a	CERTIFICAT	E OF DEATH	
The corrections	1. PLACE OF DEATH: Baltingare County Waynt de Sales Catousvill	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County Balling	
carefully.	City or town. (If outside elty or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	lue
cho	How long in hospital or institution?	2.(a) If veteran, name war	
information of death ch	3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single! married, widowed, or divorced	honsa Blank 3. (b) Social Security Number MEDICAL CERTIFICATION	_
of	Fremale White Single	20. DATE OF DEATH JASSE 217, 19.45, at 6:20A	.M
ry item the caus	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5, 19.45, to June 27 19.45	5
ly eve	7. Birth date of deceased (mo., day, yr.) March 17, 1873	and that I last saw h.e.r. alive on June 24 19 4.5 Immediate cause of death Cardio-yascular- DURATION	D
Suppease	8. AGE: Years Months Days It less than one day 72 3 10 hrsmin.	renal Disease 4 mos 22 day:	
.; 04	9. Birthplace Bull System County, and state)	Due to	
ADING INK Physicians:	10. Usual occupation.	Due to	****
Fr.	11. Industry or business 12. Name Alexander 13. Birthplace Termany	Dither conditions	*****
WITH UNI	14. Malden name Uttsullal Selly	(Include pregnancy within 3 months of death) Major findings of operations	
	2 15. Birthplace Defmany	Autopsy results. None No autopsy	
CAINLY, especially	Address Catonsville - 28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22-VIOLENCE: If death was due to external causes, fill in the tollowing;	-
PLAINL is especia	(Burial, cremation, or removal. Which?) Date thereof Manual A B, 194 (pronth) (day) (year)	Accident, suicide, or homicideNO	
RITE	Cemetery or crematory of the Marie State S	Where did injury occur?	
M D	16. Funeral director & Matters do mail	Means of injury Injured at work?	_
ENG	Address 608 Herede Ane Cutors?	23. SIGNATURE Munillonwarus M. D. or other	
II.	19. (Date rec'dby registrar)	Catonsville, Md. Date signes /27/45	

Address.



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

05778

Reg. Dist. No. 30

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboan Infants give residence of mother) Slate		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F Widow	20. DATE OF DEATH June 17 1945 at 3,200. M		
6.(6) Name of husband or wife. Albert J. Boden 6.(c) If alive, give age years	21. I CERTIFY that weath occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Oct. 1, 1870	and thet I last saw hold alive on 19.244		
8. AGE: Years Months Days If less than one day 74 yrs. 8 16 min.	Immediate cause of death Delor formula 2 wh.		
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to Generally Saleno relaves. ?		
10. Usual occupation Housewife	Due to.		
11. Industry or business Henry Strauch Language Henry Strauch Henry Strau	Other conditions Auch Dementia 5%:		
14. Malden name Catherine Rott	(Include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace Bavaria			
16. Informant Mr. Herbert E. Hampton Address 3111 Walbrook Ave.	Autopsy results		
17. Burial Date thereof 6/20/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Woodlawn Cem.	Where did lajury occur?		
Location Woodlawn, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funcral director. WM. J. TICKNER & SONS	Means of Injury Injured at work?		
Address Balto, Md.	23. SIGNATURE Moures h. Jalages Mr.D. M. D. or other		
19. (Date rec'd by egistrar) (Date rec'd by egistrar)	Address Colonsville-28, M.A. Date signed 6-17-45		

		P
Sect age	date of death is shown on 2411 N. Charle	PARTMENT OF HEALTH 05 St., Baltimore PARTMENT OF DEATH Rog. Dist. No. 22 Rog. Dist. No. 22
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: BALTO County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ormatic death	BLANCHE A. BREIVOGEL	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widewed, or diversed MARRIED	MEDICAL CERTIFICATION 20, DATE OF DEATH J M. 20 19 719 45 11
BIL iry if the	8.(6) Name of husband or wide. HARRY J. 6.(c) If alive, give age 6.0 years 7. Birth date of deceased (mo., day, yr.) APR. 29 188 4	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19.7.2. 10. 10. 10. 10. 19.44. and that I last saw h
RGIN RESERVED FOR ADING INK. Supply ever Physicians: please write	8. AGE: Years Mooths Days It less than one day	Immediate cause of death DURATION Ly Cooling
RGIN RES. ADING INI Physicians:	10. Usual occupation	Due to
tant.	12. Name NICHOLAS CALLAHAN. 13. Birthplace TALBOT C., MD. 14. Malden name ANNA GANNON 15. Birthplace TALBOT OND	Other conditions. The description of death) (Include pregnancy within 3 months of death) Major findings of operations.
N N	16. Intermant HARRY J BREIVOGEL	Antopsy results
PLAINLY, is especially	17. Borl AL Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
E WRITE	Location FREDRICK AV. BALTO, MD 18. Funeral director. Jo 17 IV R KENIVY.	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Meane of injury Injured at work?
VS A15	Address 1242 LEEDS TER, ARBUTUS, MD- 19. 12/ 19. X5 A- W Hedric	30 SIGNATURE FERENCE. De Ples M. D. or other Redreid Ata Berg - Bote signed 6 to 45

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 15770

CERT			

	0000	
1. PLACE OF DEATH of the only	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Suchea Miss	(a) State Med (b) County Ballies oxe.	
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institutions	(c) City or town Querle a,	
13:6. Sulle 4. Auguste,	(If outside city or town limits, write RURAL and give town)	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. S. G. Millea (1) (If rural give location)	
(e) Length of stay in this community (yrs., mos., or days) 22	(e) If foreign born, how long in U. S. A.?years	3
3 (a) FULL NAME Junes Michael B	rooks	-
3 (b) If veterap, hame war 3 (c) Social Security	MEDICAL CERTIFICATION	
No. 7/2 0/-24/2	20. Date of death 1331 10 1945, at 6 1. N	VI
4. Sex 5. Color of race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend	-
Male while divorced morace of	ed deceased from une/ 1945, to fame 10 1945	-,
6 (b) Name of husband or wife authority	and that I last saw him alive on surge 10 19.45.	
6. (c) If alive, give age years	Immediate cause of death College Duration	
7. Birth date of deceased (mo., day, yr.) Aug 15 1/882	- hypplexy sudder	4
8. AGE: Years Months Days If less than one day	Due to artific filerasis.	
62 9 26 hr. min.	Cerebral	
Bally No Used	Due to	
9. Birthplace (Town county, and state) 10. Usual occupation (Town county, and state)	Other conditions Parkmanishisaase 8 415	
11. Industry or business	(Include pregnancy within 3 months of death)	(
12. Name Michael Broshe,	Major findings: Of operations cause to whi	
13. Birthplace	Of operations cause to whi	
# 14. Maiden Name Callering Buller	Of autopsy charged statistically.	iti-
15. Birthplace Buttolug,	22. If death was due to external causes, fill in the following:	_
16 (a) Informant 124. M. Bolly,	(a) Accident, suicide, or homicide	_
(b) Address/ E Oneslealise	(b) Date of occurrence	_
	(c) Where did injury occur? (City or town) (County) (State)	
17 (a) Burial, cremation, or removal) (b) Date thereof (day), (year)	(d) Did injury occur about home, on farm, industrial place, in public	c
(c) Cemetery or crematory luballegiol.	place?While at work?	-
Location FOCK IS A MIGA ROAD	(Specify type of place)	
18 (a) Funeral director	Ga. M. K.	
(b) Address (Cl. + C) Address (Cl. + C)	23. Signature	
19 (a) Registrar Registrar	Address Bullo 6 Md Date signed 6/10/4	5
1940 000	The second of th	2

CERTIFICATE OF DEATH

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0.	5	model	3	1)
			1)	. /

			Keg. Diat.	410	
1. PLACE OF 1	DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Virginia County		
	, or street address where				
Vets. Adm. Fac. Fort Howard, Maryland How long in hospital or institution? 41 Days					
3. (a) FULL NA	ME		3.(b) Social S	ecurity Number	
	HE	NRY JAMES BROWN			
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATIO		
		irginia Brown 6.(c) If allve, give age 42 yea	21. I CERTIFY that death occurred on the date above stated; that I atter	eded deceased from	
o. Aug.	ay, yr.) Sept. ears Months	25, 1898 Days If less than one day 13 hrsmli	CARCINOMA OF STOMACH	6 Mos.	
1D. Usual occupation	onAttorney	1 county, and state)	Due fo		
12. NameHe	enry J. Brow Pennsylvan	n ia	Dither conditions		
	me Sarah F. Illinois	Adams	Major findings of operations		
16. Interment Cl		ds, Vets. Adm. Fac. d, Maryland	PHYSICIAN: Please underline the canse to which death should he	charged statistically.	
	ial tion, or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	of	
		Cemetery		(State)	
Locetion	Chicago,	Ill.	Injured at home, farm, Industry, public place (where?)		
	A. Lee	der k Road., Balto., Md.	Means of injury Injury at w	ork?	
19. 6 -	9 FS	- Questa T	73. SIGNATURE M. BALTER, LT. COL., M. C. A. M. BALTER, LT. COL., M. C. Tr. Address Ft. Howard, Md.	Property of the Research of th	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

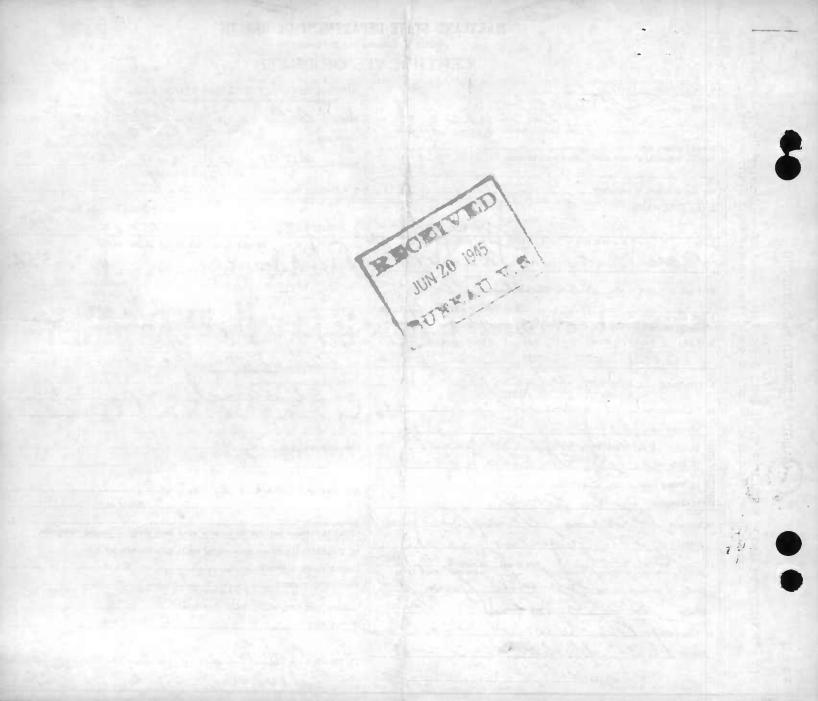
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FF	TI	FI	CA	TE	OF	DE	A'	TI

		a St., Baltimore 926		0 1
	CERTIFICAT	E OF DEATH	Reg. Diat. No	30
1. FLACE OF DEATH: County City or towa (If outside city or town limits, write RURAL an How long in above place of death? Hospital, institution, or street address where death occurred:	***************************************	2. USUAL RESIDENCE (HON (For newborn infects give resid State City or town	County Oully	Leet town)
How long in hospital or institution?	***************************************	2.(u) It veteran, name war		
3. (a) FULL NAME	seph,	Bryant	3. (b) Social Security	10
Male Cul. 6.(a) Single parties,	widowed, or diverced	MEDICA 20. DATE OF DEATH JAMES	AL CERTIFICATION 1945	-, 455A
6.(b) Name of husband or wife	Rive ege years	21. I CERTIFY that death occurred on the	19 to 6 - / -	4 5 19
571	s than one dayhrsmin.	Immediate cause of death	enflerency	DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation	0.07.0.	Due to	clerosis	2
11. Industry or business 12. Name	ant	Other conditions(Include pregnancy w		
14. Maiden name		Major findings of operations		
18. Informant Curses May	aux.	Autopsy results	se to which death should be charged	statistically.
(Burial, cremation, or removal, White!)	month (day (year)	22. VIOLENCE: It death was due to ext Accident, suicide, or homicide	Date ot	
Commetery or crematory	s. No.	Where did injury occur?(City or injured at home, farm, industry, public in	place (where?)	
18. Funeral director	ll are.	Méans of Injury Bit Mai	Injured at work?	
19. Date rec'd by registrar)	and Registed	23. SIGNATURE CALLANDE	M. D. M. D. Date signed.	or other (2/43

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

	Nog. Dist. No
1. PLACE OF DEATH: Coucty Mount Wilson, Baltimore County City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O yrs., 1 mo., 6 days Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatori How long in hospital or institution O yrs., 1 mo., 6 days 3. (a) FULL NAME Mrs. Luna Mae Burchett 4. Ser Female S. Color or race Female White Married 6. (a) Stogle, married, widowed, or divorced Married 6. (b) Name of husband or wife Lester Burchett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Harford City or town Churchyille (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war MEDICAL CERTIFICATION 20. DATE OF DEATH. June 18 19. 45., at 8.55. P. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 24, 1896	Moss 72 44/6 4 Tabo 19 44/6
8. AGE: Years Months Days If less than one day 48 10 25 hrs.	min. Delmorary Inbertulosis / yx
9. Birthplace	Due to. Describe Gaelle
E 12. Name David L. Grace 13. Birthplace North Carolina	(Include prognancy within 2 months of death)
14. Maiden name Isabelle Minton 15. Stringlace North Carolina	Major findings of operations
18. Informant Mrs. Luna Mae Burchett Address Churchville, Maryland	Autopsy results
Burial Date thereof June 22 10 (Burial, cremation, or removal, Which?) Cemetery or crematory Oak Grove Cemetery	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Harford Co., Maryland 18. Funeral director Henry Tarring & Sons	Injured at home, farm, lodustry, public place (where?) Means of injury Injured at work?
Address Aberdeen, Maryland	23. SIGNATURE Thomas) Oriell, M. D. or other
19. June 18, 19 45 Earl 7 Welst	M. D. or other gistrar Address Mount Wilson, Md. Date signed 6.4.18/45

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

CERTIFICATE OF DEATH

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- (1)		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County	N-Al-(andreas
	City or town. (If outside of y or town limits, write AURAL and give nearest town)	P. J. F.
	How long in above place of death? It mouths	City or town
	Hospital Institution, or street address where reath occurred:	Street No. Hugaville Md
	Trust august 300.	(if rural, give LOCATION)
	How long in hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	Benjamin J. Burnell	245-12-6740
	4. Sex 5. Color or raca 6.(a) ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male Colored Vanued	20. DATE OF DEATH. 19.45 at 9 P. M
	C. R. Th	2t. I CERTIFY that death occurred on the date above stated; that I attended decoased from
	6.(b) Name of husband or wife Change	18
	7. Birth date of	and that I last saw hsilve on
	deceased (mo., day, yr.)	Immediate cause of death Central human hage DURATION
	8. AGE: Years Months Days It less than one day	Fractured offull 1 6/4/45
	5 %	
	8. Berthplace I othe Carolina	Oue to Stulping hand on pavement - 6/4/45;
	(Town, county, and state)	struck by auto
	10. Usual occupation.	Bue to
	11. Industry or business The Cel	
	12. Name & thanles & Summet	Other conditions
	X 13. Birthplace 7 C .	(Include pregnancy within 3 months of death)
	# 14. Maiden name Casoline Esaig	
		Majer findings of operations.
	15. Burthplace	Bate of op.
	16. Informani Dela Markey Dela Market	Autopsy results
	Address / 508 27. Manual ft	22. VIOLENCE: If death was due to external causes, fill in the following:
	17 Burial Bate thereof 6 8 45	Accident, suicide, or homicide Accident sale of June 4, 1925
	(Burial, cremation, or removal, Which?) Bate inerest (month) (day) (year)	When did later accura Kingswill Balle. Man
	Cemetery or crematery	Where did injury occur?
	Location Delination of the Land	Injured at home, farm, Industry, public place (where?) Lublic Highway
	18. Funeral director Mrs 1 Catin P William	Means of Injury - truck by auto injured at work?
)		(RO)- / W. M. M. DAST
	Address 322 A Sembedle St.	23. SIGNATURE M. D. or other
	19. June 6 10 45 a.w. Ledrick	town on I Ma studies
	(Days/rec'd by registrar)	Address Bate signed

ACTOR SO TAMERATIONAD GRAFTANK

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6/6/45

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infantagive residence of mother)
City or town	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	@ 0/ 0 8 0
Oreland Road.	Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colder rage 6.(a) Single, myred, widowed, or divorced	is the
	MEDICAL CERTIFICATION
male White Widars	20. DATE OF DEATH 7
B,(b) Name of husband or wife. Unfamen	21. I CERTIFY that death occurred on the date above stated; that I pitended deceased from
	June 13 19 40 10 June 14 1940
7. Birth date of	and that last saw h. in allve on free 12 18 4.
deceased (mo., day, yr.) Office 73, 1898	Immediate cause of death DURATION
40 1	Mary Flerenge 178
8. Birthplace	Due to arun frag palker 2
10. Usual occupation. Landing	
11. Industry or business	Due to
	A la familia de
12. Name Jugh J. Laine 13. Birthplace Seland	Other conditions of the later o
# 14. Haiden name margaret & . IT eazur	(Include pregnancy within 8 months of death) Major findings of operations.
14. Malden name.	Bate of op.
16. Informant Mary Viau	Antonsy results.
0 1 0 0 0 0 0 0 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 . 0	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Durid Riels	Where did injury occur?
Did of Comments	
Location Character Many	Injured at home, farm, Industry, public place (where?)
18. Funeral director Track H. Mews 10	Means of Injury Injured et work?
Address sikewell mel.	16/2 Mich 10 0- 2011
95 11	23. SIGNATURE M. D. or other
19. Que rec'd by registrar Registrar	Address Phesorelle MAnte signed 6/15-/46

THE HARD TO STATE OF THE



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: of information carefully. The cases of death clearly and begibly (For newborn infants give residence of mother) (If outside city or town limits, write RUKAL and give nearest town) (If oxtside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. MARGIN RESERVED FOR BIND 7. Birth date of deceased (mo., day, yr.) Supply DURATION Immediate cause of death It less than one day 8. AGE: ease d 9. Birthniace. Physicians: (Town, county, and state) UNFADING 10. Usual occupation 11. Industry or business important. 13. Birthplace (include pregnancy within 3 months of deuth) 14. Maiden na 15. Birthplace Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (duy) (yeur) Where did injury occur? WRITE Cemetery or crematory (City or town) (County) injured at home, farm, todustry, public place (where?) Means of injury Injured at work? 18. Funeral director EASE Address (Date/rec'd by registrar)

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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		CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: Baltimore County			City or town. Anneslie (If outside city or town fim 1020 Regest	of mother) Baltimore County dits. write RURAL und give nearest town)
3. (a) FULL NAM	E			3. (b) Social Security Number
		Mary E. Caulk.		None None
4. Ser	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
Female	White	Widow	20. DATE OF DEATH June 4.	19.45 at // 30
7. Birth date of deceased (mo., day,) 8. AGE: Years 75	yr.) Augu s Months 9 altimore (Town. c	ames M. Caulk S.(c) It allve, give age	and that I last saw h. C	JUNE 45 1945
12. Name	homas E. Maryl	and	- Other conditions	
当 14. Malden name.	Sarah	J. Brown		
14. Malden name.	Mary	land	Major findings of operations	
16. Informant		G. Glauber r Ave, Anneslie.	Autopsy results	
Buris (Burisl, cremation Cemetery or cremate Location From 18. Funeral director., Address I9	al norremoval Which?) Mount ederick A	Dale thereof 6/7/I945 (month) (day) (year) Olivet	Where dld injury occur?	Date of

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (13/2)

Reg. Dist. No. 42

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) County Baltimore	(a) State Md. (b) County Baltimore
(b) City or town Noodlawn (If outside city or town limits, write RURAL and give town)	
(c) Street address, hospital, or institution: 6700 Dogwood Road	(c) City or town (If outside city or town limits, write RURAL and give town)
	(d) Street No. 6700 Dogwood Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)	
(e) Length of stay in this community (yrs., mos., or days)	. (e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME Henry Edwards Clarke	9
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION
No.	20. Date of death
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
Male White divorced. Single	ed deceased from1919
6 (b) Name of husband or wife	and that I last saw him alive on
6. (c) If alive, give age years	Immediate cause of death Duration
	Accela Cardia failur
7. Birth date of deceased (mo., day, yr.) January 4, 1880	alle Cardias failure
8. AGE: Years Months Days If less than one day	Due to
65 5 14 hrmin.	Due to Dardes Vascular
9. Birthplace Baltimore, Md.	4:
9. Birthplace (Town, county, and state) 10. Usual occupation Farmer	Other conditions Aug disea
11. Industry or business	(Include pregnancy within 3 months of death) PHYSICIAN
~1	Major findings: Of operations cause to which
12. Name Henry Edwards Clarke 13. Birthplace Baltimore, Md.	Of operations cause to which death should be
	Of autopsy charged statistically.
14. Maiden Name Mary E. Sangston 15. Birthplace Calvert County, Md.	
	22. If death was due to external causes, fill in the following:
16 (a) Informant Miss Elizabeth Jeffries	(a) Accident, suicide, or homicide
(b) Address 6700 Dogwood Road, Woodlawn	(b) Date of occurrence
17 (a) Burial (b) Date thereof June 20,1945	(c) Where did injury occur?(City or town) (County) (State)
(Burial, cremation, or removal) (c) Cemetery or crematory Greenmount Cemetery	(d) Did injury occur about home, on farm, industrial place, in public
Location Baltamore Ma	place?While at work?
18 (a) Funeral director Mills Lawortan	(e) Means of injury
(b) Address 4510 Liberty Heights Ave.	no si de mili de se
(/- 15:15- 21 1/: 1/	23. Signature M. D/or other
19 (a) (b) (b) Registrar)	Address 1010 Leeds St. Date signed Pales
	Arbutus, Md. 6-18-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH



	Neg. Dist. 170	*******	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Ballo of	(For newborn infants give residence of mother)		
City or town 313 Shadynook live. Caloneville	State Dalle .		
(If outside city or town limits, write RURAL and give nearest town)	City or town Catonaville, and.		
they long in appropriate of agents and an arrangement of the propriate of	(If outside city or town limits, write RURAL and give nearest town)	******	
Hospital, instilution, or street address wher death occurred:	Street No. 313 Shady nook are.		
	(If rugal, give LOCATION)	*****	
How long in hospital or institution?	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Stade Cockey	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F. W. W.	20. DATE OF DEATH JUNE 13 - 19 45 91 1/1	a.	
mordecai Creku	21. I CERTIFX that death occurred on the date above stated; that lattended deceased from	,T	
6.(6) Name of husband or wite		45	
7. Birth date of	Dept 22 - 1928, 10 sine - 13 19	625	
deceased (mo., day, yr.) March 2, 1854	and that I lost saw here alive on 19	T	
8. AGE: Years Months Days It less than one day	Immediate cause of death	TIDN	
9, 2	Destro - Entering 3:11	JAND -	
min.	f		
9. Birthplace A artived w. ma.	Due to Densida 10 -r	mer	
(Town, county, and state)		7	
10. Usual occupation of the wife			
1t. Industry or business	Due to	**********	
	Dther conditions		
	(Include pregnancy within 3 months of death)		
t4. Maiden name Maky Conver 15. Birthplace Harford Cv.			
E 15 Riethalace Harland Co.	Major findings of operations		
16 Interment Sallie Montgomery Cockey	Date of op.		
t6. Informant	Autopsy results		
Address 313 Shady north live. Calmabolle	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
12 B wiel / we 16,1945	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal (Which?)) Dale thereot	Accident, suicide, or homicide		
Cemetery or crematory all Saints	Where did injury occur?		
O:=F	(City or town) (Connty) (State)		
Location Relie Lers lover mg.	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director Um. Bevy man & Sons	Means of injury Injured at work?		
0. 1-2			
Address Rus lero lung, mo.	23. SIGNATURE STATE AT AT MOON OF	ng	
19. 6/14 19 45 3 C. Mandre	M. D. or other	1 111	
(Date rce'd by registrar) 19. Registrar	Eddiess September My Date signed 6-14	745	

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Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH year of birth is shown on 2411 N. Charles St., Baltimore FILM NJ. G 9 6 JUL 11 CERTIFICATE OF DEATH be supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: de city or town limits, write RURAL NEAR and give town) City or town Street address, hospital, or institution: information should carefully of death clearly and legibly Stay in hospital or inst. (yrs., or mos., or days)_____ (If rural give LOCATION) Stay in this community (yrs., or mos., or days) ___ 2(a) IF VETERAN, NAME WAR _____ 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 6.(a) Single, married, widowed or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 6 (b) Name of husband or wite 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from causes Jo Every item write the cau 6(c) If alive, give age ____ 7. Birth date of and that I last saw h ---- ailve on deceased (mo., day, yr.) Immediate cause of death 8. AGE: IFADING INK. Physicians: please (Town, county, and state) 1D. Usual occupation _ c 11. Industry or business (Include pregnancy within 8 months of death) PHYSICIAN Major tindings: 15. Birthpiace Of operations ____ the cause to which death should be charged statistiespecially 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Date thereof (month) (day) (year) Accident, suicide, or homicide ______ WRITE 1 Where did Injury occur? ____ (City or town) (County) (State) correct age Injured at home, tarm, Industry, public place (where?) ___ Means of Injury Injured et work? ASE Date rec'd by registrar



RITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	UJ	6 3	10	
- 4			4	0
Reg. D	iat. N	0		*******

CERTIFICA	TE OF DEATH Reg. Dist. No	40
1. PLACE OF DEATH: County	City or town	earcst town)
3. (a) FULL NAME MS Aurie Elizabeth Corbin 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security	Number
6.(b) Name of busband or wife Charles Cortice 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays it less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Bays it less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Bays it less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Bays it less than one day 7. Birth date of deceased (mo., day, yr.)	and that I last saw h	24 19 4/5 19 DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name Tel d Sebut 13. Birthplace (S. Allewan)	- Other conditions	
14. Maiden name Aurie E Oseno 15. Birthplace Pfuladelphia Pa	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op.	***************************************

16. Intermant

Address (mooth) (day) (year) (Burial, cremation, or removal, Which?) Date thereof.

(Date rec'd by registrar)

PHYSICIAN; Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Registrar

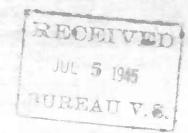
Injured at home, tarm, Industry, public place (where?)

Accident, suicide, or homicide.. Where did injury occur?

Means of Injury

(Coonty)

Injured at work?



PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bia

CERTIFICATE OF DEATH

* 05791

	Reg. Diat. No.
1. PLACE OF DEATH: County Baltimere	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Baltimere
City or town (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death? Life	Cily or town
Hospital, Institution, or street address where death occurred:	Sireet No. 37 Alleghaney Avenue
37 Alleghaney Avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LIDA WATKINS CRAUMER	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widewed	20. DATE OF DEATH June 8, 19 45 at 6:00 Am
6.(6) Namo of husband or wife W. Clarence Craumer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw h. L.X. alive on The same of the s
7. Birth date of	and that I last saw h. A. alive on The
deceased (mo., day, yr.) March 11 1873 8. AGE: Years Months Days If less than one day	Immediate cause of death
	Dubarochonord Hemontogo I meek
72 2 28hrsnin.	- A
9. Birthplace Towson, Maryland (Town, county, and state)	Due to Benerelationis Ochroses 2 mos
10. Usual occupation	
11. Industry or business At Home	Due to My Conference C
型 12. Name John Maurice Watkins, Sr.	arone dasessee
	Other conditions Chronic Interested
≾ 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
E 14. Malden name Mary Louisa Eckhart	Major findings of operations.
14. Malden name Mary Louisa Eckhart 15. Birthplace Maryland	major incangs of operations
16. Informant Mrs. H. Dalton Berry	
Address 12 Burke Ave. Towson. Md.	Antopsy results
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof June 10,1945 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Prospect Hill Cemetery	Where did injury occur?
Mangan Manuland	Injured at home, farm, industry, public place (where?)
1 / //	Means of injury Injured at work?
18. Funeral director	
Address Towson, Manyland	23. SIGNATURE Dance fel. Tho. Jenefer
10 Have 9 1045 MANUAL MILLEY	M. D. or ther
19. Marie ree'd by registrar)	Address June 7 h 1945 Date signed

JUN 21 1945
BURBAU V.E.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86-0)



1. PLACE OF DEATHY County Co	CERTIFICA	IE OF DEATH Reg. Dist. No.
The solution of the sheep sheet of dealth? Street No. Control in the sheep sheet of dealth? Street No. Control in the sheep sheet of dealth? Street No. Control in the sheep sheet of dealth? Street No. Control in the sheep sheet of dealth? Street No. Control in the sheep sheet of the sheep sheet of the sheep sheet of the sheep she	1000	(For newborn infants give residence of mother)
Street No. Street No. Circural, give a LOCATION	(If outside city or town limits, write RURAL and give nearest town)	
How long in boughtal or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 4. (c) Hamo of husband or wite. 5. (c) Halive, give age 7. Birth date of deceased food, day, 77) 8. AGE: Vearz Meaths 9. Birthplace 10. Usual occupation 11. Industry or business 11. Industry or business 12. Lame 13. Birthplace 14. Male annex 15. Birthplace 16. (include pregnatory within 3 months of death) Major Industry or business 17. Birthplace 18. Informant 19. Birthplace 19. Birthplace 10. Usual occupation 10. Usual occupation 10. Usual occupation 11. Industry or business 12. Annex 13. Birthplace 14. Male manual Major Industry or business 15. Birthplace 16. (include pregnatory within 3 months of death) Major Industry or business 17. Committed (day) (vear) 18. Funeral director. 19. Date of open. 19. Committed (day) (vear)	Hospital, Institution, or streat address where death occurred?	Street No.
4. Set S. Color of race, S. (a) Single, marghet, widowed, or divorced MEDICAL CERTIFICATION 5. (b) Name of husband or wife S. (c) It allve, give age. Years deceased (no., 6.9, 77.) 8. AGE: Years Menits By It less than one day It less than	How long in hospital or institution?	2.(a) If veteran, name war Lechel Mount Face
MEDICAL CERTIFICATION 8.(6) Hame of hurband or wite	Sadie Margaret 6	
8. (c) Hame of husband or wite. (c) It alive, give age years deceased (me., day, yr.) 8. AGE: Years Months Doff It less than one day 10. Usual occupation. 11. Industry or business 12. Name. (Comp. gointy, molystets) 13. Birthplace 14. Maiden name. (Comp. gointy, molystets) 15. Birthplace 16. Informant Address 17. Birthplace 18. Funeral director. (Comp. gointy, Which?) 18. Funeral director. (Comp. gointy, Month) 19. Signature of death and that I last saw and that I last	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced ferm. While Wilson,	(hand 15 115 11
1. Birthplace	6.(6) Name of husband or wife. Area 1	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
Immediaty cause of death Immediaty cause of	f. Birth date of	
9. Birthplace (Town, counts), and state) 10. Usual occupation (Due to Counts) 11. Industry or business 12. Name (Due to Counts) 13. Birthplace (Counts) 14. Maiden name (Due to Counts) 15. Birthplace (Major findings of operations. 16. Informant (Counts) 17. Counter or reproval (Which?) 18. Funeral director (City or town) (Counts) (State) 19. Funeral director (City or town) (Counts) (State) 19. Funeral director (City or town) (Counts) (Injured at work?		
10. Usual occupation. 11. Industry or business 12. Name	879 16hrsmin.	Charles Van
Due to Described Land Land Land Land Land Land Land Lan	9. Birthplace (Town, county, and state)	Due the last thy persons of
12. Name Dither conditions Distributions	10. Osual occupation	Due to Occidental Palling Care
14. Malden names Major findings of operations Major find	12. Name toest Indianaley -	Other conditions Fello an arising & Gran Low Chairs
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide	₹ 15. Birthplace	
22. VIOLENCE: If death was due to external causes, fill in the following: (Buriai, cremation, or reprova), Which?) Cemetery or crematory. Location. Location. Date thereof. (month) (day) (year) (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?). Means of injury. Address. Address. Address. Address. Address. Accident, suicide, or homicide (City or town) (County) (State) Injured at home, farm, industry, public place (where?). Injured at work?		
Location See Swille Va. Injured at home, farm, industry, public place (where?) At formula. 18. Funeral director Augustus Face of the Swing of the S	17. Church (Buriai, cremation, or reproval Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director Language Frank Frank Means of injury acadental fall. Injured at work? Address 40/ Belain Frank 23. SIGNATURE A MCORRENCE MAD	() 0 . 0 . 21	
Address 40/ Belair Frad 23 SIGNATURE AMBORRANIO MAS	T I sha	
10 June 16 : 45 Haven 1. Harley 23. SIGNATURE M. D. or other		Anger: 2x
(Dote rec'd by registrar) Registrar Address Address Male signed Address Add	19. June 16 18 43 - Dawson L. Hasler (Ogte rec'd by registrar)	M. D. or other

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WRITE

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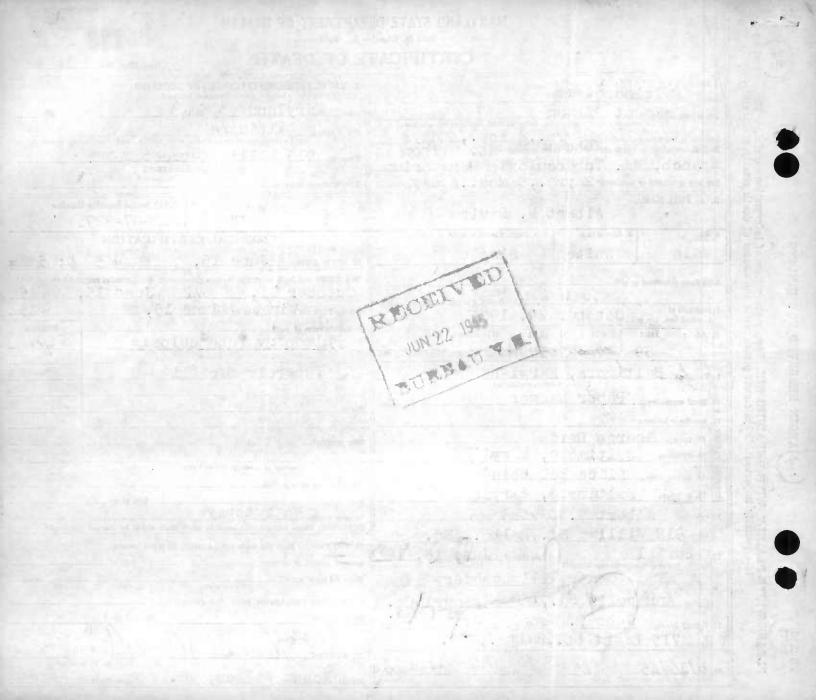
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	 -	~	

CERTIFICA	ATE OF DEATH Reg. Dist. No. 32		
1. PLACE OF DEATH: County Baltimore City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs 8 mos 4 days Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? 2 yrs 8 mos 4 days Los USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 918 William Street (If rural, give LOCATION) 2 (a) If veteran, name war.			
3.(a) FULL NAME Albert M. Davis	3. (b) Social Security Number 212-07-9275		
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATHJune 15, 1945 5:05 A.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11. 1862 in June 15. 1945		
8. AGE: Years Months Days If less than one day 39 7 17 hrs	n. Pulmonary Tuberculosis 5 yrs		
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Paper Hanger 11. Industry or business	Due to. Due to.		
12. Name George Davis 13. Birthplace Baltimore, Maryland 14. Malden name Alice McCubbin	Unclude pregnancy within 3 months of death)		
Dolling Women and	Major findings of operations		
14. Malden name Alice McCubbin 15. Birthplace Baltimore, Maryland 16. Informant Albert M. Davis Address918 William St., Balto., Md. 17. Burial Barthplace Baltimore, Maryland 18. Davis Date thereof June 18. 19. (Burial, cremation, or removal, Which?)			
Cometery or crematory Cedar Hill Cemetery Location Annapolis Rd., Anne Arundel Co.	Where did injury occur?		
18. Funeral director John F. Denney, Jr. Address 715 Light St., Balto., Md.	Means of Injury Injured at work? 23. SIGNATURE The many Delication of Injury Injured at work?		
19. 6/15/45 19.45 Carl Websle Registrar)	Address Mount Wilson, Md. Date signed 6-15-45		



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (834) CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) nits, write RURAL and give nearest town How long in above place of death? (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street eddress where death occurred: (If rural, give/LOCATION) information of death clear How long in hospital or institution?. 2.(a) It veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 5. Color of race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife...... .6.(c) It alive, give age 7. Birth date of deceased (mo., day, yr.) Supply 8. AGE: It less than one day 9. Birthplace..... (Town, county, and state) 1D. Usual occupation UNFADING 11. Industry or business 12. Name ... WITH UNF important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, till in the toilowing: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? WRITE Cemetery or crematery: (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral director

Address.

(Date rec'd by registrar)

1945 1701

(State)

M. D. or other

Date signed 6.1.

DURATION



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

05795

LT.COL., M.C. MCL LANGELER.

......Date signed....6-28-45....

			CERTIFICA	TE OF DEATH Reg. Dist. No.	44	
City or town(If How long in above plac Hospital, institution, o Vets. Adm	Fort How outside city or town I	erd imits, write 27 Day death occurre Fort	CURAL and give nearest town) /S. d: Howard, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Aberdeen (If outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAM		AM R. 1	DELGAR	3. (b) Social Securi	ity Number	
4. Sex Male	5. Color or race White		e, married, widowed, or divorced Aarried	MEDICAL CERTIFICATION 20. DATE OF DEATH June 28, 1945 19	at .9±05A.	
	yr.) 1-21-	6.(Delgar c) If alive, give age	June 1, 1945 19 19 19 19 19 19 19 19 19 19 19 19 19	8.,1945 19 DURATION	
9. Birthplace		7 • C•	hrs. min.			
1D. Usual occupation. 11. Industry or busines	Storekee	per		Cause: Coronary Arteriosclerosis ///Structural Lesion: Myocardial Manif: Anginal Syndrome	Danage	
13. Birthplace St	lliam Rober umpter, S. Hattie Brumpter, S.	C.		Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) Major findings of operations	15 Yrs.	
16. Intormant	inical Recort Howard	01.40.	Vets., Adm. Fac.	Antopsy results		
Cemetery or cremat	n, or removal. Which? ory. Bakers Belair	Rd.	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	(State)	
1B. Funeral director	John Taberde		•	Meens of injury Injured at work?		

23. SIGNATURE...

Address.

Registrar

M. BALTER,

Fort Howard, Maryland

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PLEASE

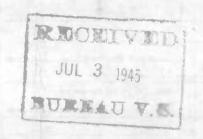
Address

(Date rec'd by registrar)

FOR BINDING

MARGIN RESERVED

Med age	ISHOWH OH	EPARTMENT OF HEALTH So St., Baltimore (1) FE OF DEATH Reg. Dist. No. 30
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanes give residence of mother) State County City or town (If outside city or town immis, write RURAL and give nearest town) Street No. 7.3 (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
ARGIN RESERVED FOR BINDING ADDING INK. Supply every item of Physicians: please write the causes	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Namo of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. 19. 45. 10. 19. 45. and that I last saw h. 2 alive on 19. 45. Immediate cause of death. Duration Due to. Due to.
PLEASE WRITE PLAINLY, WITH UNF is especially important.	13. Birthplace 14. Malden name 15. Birthplace 16. Informant Address 17. Date thereof (month) (day) (year) Cemetery or crematory Location 18. Funeral director Address 19. (Date rec'd by registrar)	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, lodustry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other Raddress () 2 4 Lownland (T. Date signed (1.5.4))



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Rog. Dist. No....

1. PLACE OF DEATH: County BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CATONSVILLE (If outside city or town limits, write RURAL and give nearest town)	state Md. County Somerset
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Richardson Ave.
16 Fusting Ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hattie J Douglas	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH. June 23 19.45 at 8.60 Q. M
6.(b) Mame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Open 11 1941 , to 200 23 1945
7. Sirth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	Immediate cause of death
84 7hrsmia.	Bronks-present
8. Birthplace Hopwell Sonerset Co. Md. (Town, county, and state)	Due to and Demarks 6 70.
10. Usual occupation Housewife	
	Due to
11. Industry or business	
12 Marne John H. Miles 13 Birthplace Somerset CO. Md.	Other conditions
13. Birthplace Somerset CO. Md.	(Include pregnancy within 3 months of death)
14. Maiden nameLovey Nelson	Major findings of operations
15. Birthplace Somerset CO. Md.	Date of op.
16 Informant Mr. Nelson Coulbourn	Antopsy results.
	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Main St. Crisfield Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 6/25/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sunnyridge	Where did injury occur?
Location Crisfield Md.	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	·/ v a // E
Address Crisfield Md.	The Lallow Note.
Charle Court Walnut	23. SIGNATUR M. D. or other
19. (Date rec'd by registrar) Registrar	Addres Caloxaville 28, Zef. Date signer 6/23/49

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.



CERTIFICATE OF DEATH

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May OQ	
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Reg. Dist. No.

	·
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
City or town	State Junyland County County
How long In above place of death?	City or town
Nospital, institution, or street address where death occurred:	(11 outside city or town limits, write RURAL and give nearest town)
Eudowood Sanatorium, Towson 4, Md.	Street No.
Now tong in hospital or institution? 64-5-540-340.	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
anna Harris Drake	o. (c) bootal becarry number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
P W Ser	1
The state of the s	20. DATE OF DEATH 19 19 at 10 19 N
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Sept 16 18 38, to June 15 1941
7. Birth date of Q 12-10 95	and that I last saw h M alive on desa H
deceased (mo., day, yr.) 9- 15-18 93 8. AGF: Years Months Days If less than one day	Immediate cause of death
or read that the same	Jestmanning Be 1741.
5/ 9hrsmin.	
9. Birthplace Balt Sud	
(Town, county, and atate)	Bue to
18. Usual occupation Office Clerk	***************************************
11. Industry or business	Due to
12. Name Spelder Harris 13. Birthplace My	Other conditions
E 13. Birthplace My	
# 14. Malden name Anna Lohmuller	(Include pregnancy within 3 months of death)
6	Major findings of operations.
El 15. Birthplace	Bate of op
16. Informant. Personal History Hospital Record	Antopsy results
Address Eudowood Sanatorium Towson 4, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
50 1 1	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burial, cromation, or removal. Which) Bate thereof (pouth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators O livet Centry	
cemetery of crematory.	Where did injury occur?
Location Dichaels ma	Injured at home, farm, industry, public place (where?)
18. Funeral director Salu O mitchell Bon Die	Means of Injury Injured at work?
	1- 1/10 CA A
Address 1900 Enlar Strace 1	hallion (1 // sikou
10/1 - US IN MARANT CINESTON	23. SIGNATURE. M. D. or other
19. (Date recd by registrar)	Towson Maryland 6- 45-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

			CERTIFIC	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County				State Id. County Baltimore
		200	e, married, widowed, or divorced Single	
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) A.D	ril 19	if alive, give age	Immediate cause of death DURATION 14 day
10. Usual occupation 11. Industry or busines	Scho	0.1	tate)	Due to
15. Birthplace	S	e Drak	С.	(Include pregnancy within 3 months of death) Major findings of operations Date of op.
Address 41 17	Buriwa l , or removal. Which ory Mt. C rooklyn,	y; Tur bate there alvery Md. Wilso	of 6/19/45 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide to the control of the c

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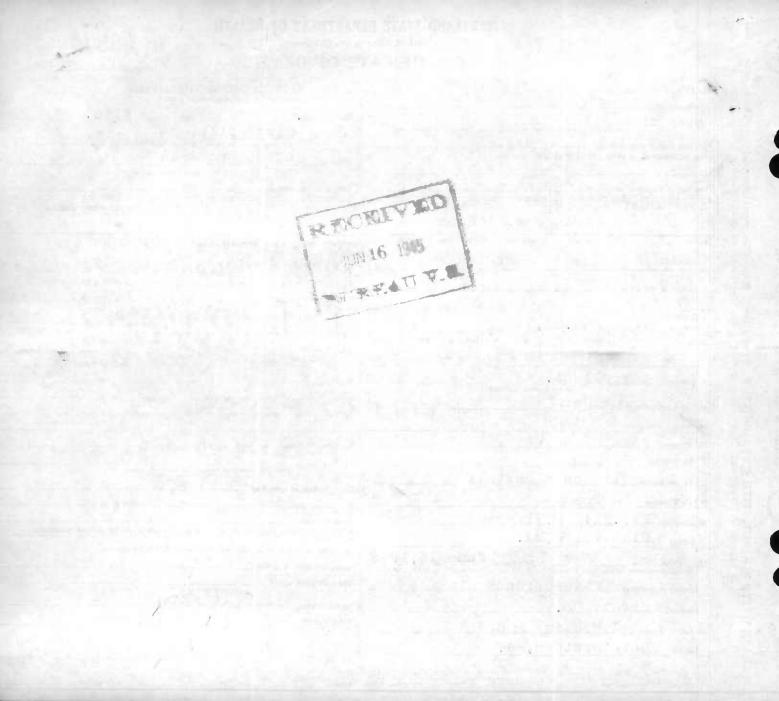
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 156

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Balto				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	MEXIC	
City or town Pikesville (If outside city or town limits, write RURAL and give nearest town)				State Md. County Baalto.		
				City or town Pikesville		
How long in above place Hospital, institution, or	ot death?3() yrs		III outside city or town limits, write itURAL and give i	nearest town)	
nospital, institution, or	street address where	death occurre	0:	Street No. 107 Upland Road	************************	
			***************************************	(If rural, give LOCATION) 2.(a) It veteran, name war		
				2.(a) It veteran, name war		
3. (a) FULL NAM		ce A.	Eichorn	3. (b) Social Securit	y Number	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Ma	rried	20. DATE OF DEATH AUGUS 14 19.4.	-1210 A M	
6.(b) Name of husband	or wifeE.11a.	M.Ei	chorn	21.1 CERTIFY that doth occurred on the date above stated; that I attended do		
7. Birth date of	••••	6.0	c) I1 alive, give ageyer	irs		
deceased (mo., day, y	Aug. 1:	1,187	2	and that I last saw h		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DUNATION	
72	9	3	hrsmi	- Tulmonar Jafarrell	a 3 sh	
9. Birthplaca Carroll Co. (Town, county, and state)			state)	Due to	2/9	
10. Usual occupation Builder				*****		
			18 *** *** *** *** *** *** *** *** *** *	Due to	***************************************	
11. Industry or busines						
12. NameJ.O.		r.n		The state of the s		
		n Bes	toll	(Include oregnancy within 8 months of death)		
14. Malden name:	Germany			Major findings of operations		
≥ 15. Birthplace		777.1. 1		- Date of op	***************************************	
16. Informant Mrs. Ella M. Eichorn Address Pikesville, Md.			orn	Autopsy results		
Address PIKESVIIIe, Md. 11 Burial (Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which) (month) (day) (year)			od June 16,1945	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory Meadow Branch				(ordered and ordered and order		
Location Car:	roll Co.	***************************************			*************************	
16. Funeral director. J.F. Eline & Sons				Means of injury injured at work?	20. 87	
Address Re	istersto	wn, Md	000	- 23, SIGNATURE & Co. Mehrel	Man	
19. 6-15 19 45 E. E. Michaelo. (Date rec'd by registrar) Registrar			6 Michael	D . /	D. or other	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE	OF	DEATH
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			CERTIFICAL	E OF DEATH	Reg. Diat. No	20
1. PLACE OF DEA	LTIMORE			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City or town	TOWSON		URAL and give nearest town)	State Maryland Con		
How long to above place	of death? Ten	month:	s: eighteen days	City or town. Baltimore (If outside city or town limit	be well- DIDAY and also as	
Hospital, Institution, or	street address where de	eath occurred	i:	Street No. 410 Bretton Pla		
			ATT HOSPITAL	(If rural, give	e LOCATION)	***************************************
How long In hospital or	Institution?Ten	mon.tl	hs; eighteen days	2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security 1	Number
KATHER	RINE CARROL	L COO	KE FAHEY			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		Widow	20. DATE OF DEATH June 22	. 45	. 9:05 A.
	T . M	7		21. I CERTIFY that death occurred on the date abo		
			еу	August 4		
7. Birth date of	ased	6.(e) It alive, give ageyears	and that I last saw h CF alive on Jim		
deceased (mo., day, y	.) Februar	y 10.	1860	Immediate cause of death Branchop		OURATION
8. AGE: Years	Months	Days	If less than one day			4 days
85	5 4	12	hrs min.		***************************************	***************************************
9. Birthplace Brooklyn, New York (Town, county, and state)			state)	Due to Generalized arter	riosclerosis	***************************************
10. Usual occupation	none		***************************************	Que to.	······································	**************************
11. Industry or business				oue to		**********************
12. NameJO.1	seph Carrol	1		Other conditions Senile psycho		unknown
13. Birthplace	England					000000000000000000000000000000000000000
				(Include pregnancy within 3 major findings of operations.		
15. Birthplace	United	Stat	es	Major Madogs of Optiadous		
16. Informant HOSPITAL RECORDS				Autopsy results		***************************************
Address	-0		01-10-11	22. VIOLENCE: It death was due to external cau	uses, fill in the tollowing:	
17 Juni	or removal, Which?)	Oate there	(month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or -eremet or	2	Car	Thedral	Where did injury occur?(City or town)		
Location	Bal	10.	nd	Injured at home, tarm, Industry, public place (wi		
18. Funeral director	Verry	1 X	rukus Bono a	Means of Injury	Injured at work?	
Address M	a Cullor	2000	In chardes	Vis - Ups C	Cha Aman	711

PLEASE WRITE PLAINLY, WITH UNITY IS especially important.

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19. (Date reed by registrar)

:45 a W. Hedrie

23. SIGNATURE FOR M. C. CHAPMAN, M.D.

TOWSON, MD.

M. D. or other

. Date signed

JUL 3 1945

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30	
Reg. Dist. No.	,
The state of the s	***

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Dad County Daltassore
How long in above place of death?	(14 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	3 M P. 00 10 Page
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Christian Formhals	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
6.(4) Name of husband or wife Margarete tormhals	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
J. Sich date of	June - 17 19 45 10 June 18 18 15
7. Birin date of	and that that saw h and alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
55 8 4	Lourest themorrhage 19. Hrs.
German and	Oue to High Blood Pressure Months
B. Birthplace (Towy, county, and state)	Oue to Harry Manual Months
10. Usual occupation Jaken	
11. Industry or business	Due 10
MI Orani Farini	
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name Vylhilli XIII	Major findings of operations.
15. Birthplace Hermany	Date of op.
16. Informant Margarete Formhalo	Antopsy results.
Address 3 N. Polling Road.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Off, Mountain of the Control	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide.
Cemetery or crematory Lovanie	Where did injury occur?
700-100	(City or town) (County) (State)
Location	
18. Funeral director M. Mus. John W. Senfel & Son	Means of injury D Injured af work?
Address 801 W. Grayette Fr.	of Sland Ontream
11.0 115 (11.0) 1.0	23. SIGNATURE M. D. or other
19. (Date rec'd by posistrar)	Ladana Catonia ville Md and alord 10-19-45

PLEASE WRITE PLAINLY, WITH LINFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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1	6	3	1	E.		North	-	Ave	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

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			CERTIFICAT	E OF DEAT	Ή	Reg. Dist. No	***************************************
1. PLACE OF DEAT	H: ile			2. USUAL RESIDEN	CE (HOME) 0 nts give residence of	F DECEASED: mother)	
			URAL and give nearest town)			nty Parkvil	
Hospital, Institution, or str	eet address where	death occurred		City or town	de eity or town limits	s, write RURAL and give no & Erir Ave	earest town)
Harford	Road &	Erie	Avenue	Street RO	(If rural, give		
How long in hospital or ins	titution?		• • • • • • • • • • • • • • • • • • • •	2.(a) It veteran, name war		***************************************	***************************************
3. (a) FULL NAME	1	Margai	cet Catherine F	ranke		3. (b) Social Security	Number
4. Sex 5	. Color or race	g.(a)Single	e, married, widowed, or divorced		MEDICAL CH	ERTIFICATION	
female v	white	ms	arried	20. DATE OF DEATH	June 11th	19.45	at // P M
7. Birth date of deceased (mo., day. yr.)	Dec.	13, 18	c) If alive, give ageyears	21. I CERTIFY that death o	ccurred on the date abo19.4	ove stated; that I attended dec	eased from #1 45 19 45 19 45
8. AGE: Years	Months	Days	It less than one day		Po		
45	5	29	hrsmln.	Carcin	oma 20	Meast	8 meserle
9. BirthplaceBa.	Ltimore (Town,	eounty, and	yland	Due to	4 * 4 * 10 0 * 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0		***************************************
10. Usual occupation	at h	ome		Dee to	2444224444		***
11. Industry or business				910119100000000000000000000000000000000		<i>Fg</i>	
12. Name			r, Sr. , Md.	Other conditions		u Lungs	2 mintles
					pregnancy within 8 r		
15. Birthplace		imore					
			nke	Antopsy results	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Erie Avenue			hich death should be charged	statistically.
17. Burial (Burial, eremation, or			6/14/45 (month) (day) (year)	22. VIOLENCE: It death Accident, suicide, or homic		ses, fill in the following;	*****************************
Cemetery or crematory	Park	wood (Cem.	Where did injury occur?	(City or tewn)	(County)	(State)
Location Ba	Ltimore			Injured at home, tarm, Ind	ustry, public place (wi	here?)	***************************************
18. Funeral director	Leonard	J. Ri	ick	Means of Injury	0 0	injured at work?	
Address	5305 Ha	rford	Road -14-	es CignaTiles	E Gel	Il Hall	Tud
19. Otto rec'd by regist	3 19 45	- a	por Margistrar	Address 16 3:/	E North	M. D. Ave Date signed	or other 6/12/45

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/a)

CERTIFICATE OF DEATH

05804 F3

1. PLACE OF DEATH: County 125 Leslie Avenue City or town Rural, Faltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
ANNIF EVELYEN FREUND	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W widow	20. DATE OF DEATH TUNE 26 19 45, at 5. 10 M
6.(b) Name of husband or wife Charles Freund 7. Birth date of School Sc	21. I CERTIFY that death occurred on the date above stafed; that I attended deceased from 19. 10. 11. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.) Nov. 5, 1859	
8. AGE: Years Months Days Illess than one day 85 7 21min,	Immediate cause of death DURATION
9. Birthplace Raltimore Maryland (Town, county, and state) Housewife 11. Industry or business 12. Name John Cook 13. Birthplace Germany 14. Malden name Evar Catherine Cook 15. Birthplace Germany 16. Informant Mr. Conrad Freund (Son) Address 29 collers Point Road, Dundalk 17. Purial (Burial, cremation, or removal, Which?) Cemetery or crematory First Fvangelical Church Location Baltimore, Maryland 18. Funeral director HENRY SANDER & SONS, INC. Address NORTH AVE. & EROADWAY	Due 10. Other conditions Other conditions Other conditions Other conditions Other conditions Other conditions Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Oate of Where, did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

MARYLAND STATE DEPARTMENT OF HEALTH

05805 30

CERTIFICA	ATE OF DEATH Rog. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Baltunia		
low long to above place of death?	City or iown		
How long to hospital or tostitution?	2.(a) if veteran, name war		
William Daniel Sant	3. (b) Social Security Number 215-10-0865		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE DF DEATH 6-9- 19.45 , at 10:00 A		
6.(b) Hame of hydrand or wife Rosa Santt. 6.(c) It alive, give age 6.9 year deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from		
8. AGE: Years Months Days ti less than one day 5 9 4 22 hrs	auguia Rectoris 10 yr		
9. Birthplace. Avoithing Ind (Town, county, and state) 10. Usual occupation. BlackSmith	Due io Coronay Thrombosis without		
11. Industry or business	Due 10		
12. Name Connad Sant	Diher conditions.		
14. Maiden oame Rachael Parker 15. Birthplace Groatbury Jard	(Include pregnancy within 8 months of desth) Major findings of operations.		
16. Informant Delta Lolu	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, flit in the following: Accident, suicide, or homicide		
Address 1919 Wecasder Way 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)			
Cemetery or cremato Lindon Plan.	Where did-injury occur?		
Location 86 Schericke 16. Funeral director Having H. Willete	Injured at home, 1arm, Industry, public place (where?) Means of Injury Injured at work?		
Address 400 6 kmondaga per	23. SIGNATURE Chatta Reland, h. D. 833 had		

PAddress 2532

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(Date ree'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg Dist No.	41.

CERTIFICA	Reg. Dist. No.
City or town. (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in above place of death?. Hospital institution, or street address where death occurred. How long in hospital or institution?	(If outside city or town limits, prite RUPAL and give nearest town) Street No. 30 (If rural, give LOCATION)
	2.(a) It veteran, name war.
3. (a) FULL NAME Officed Sherr	3. (b) Social Security Number
Male Color of Face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot	and that I last saw halive on
8. AGE: Years Months Days It less than one day 2 1 4 26	Immediate cause of death DURATION DURATION Due to.
10. Usual occupation	Due to
14. Malden name that Washington 15. Birthplage 5. C	(Include pregnancy within 3 months of death) Major findings of operations
Address 7 40 Perch Onhord Jane 17 Shipped Date thereot 6 19 45	Antopsy results
(Burial, cremition, or removal, Which?) Cemetery or crematory Which?) Location Which? Date thereof (month) (day) (year) Completely or crematory Which?)	Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?)
18. Funeral director Walkern a Jackson Address 9/6 Baltina -1 - Md	Means of Injury oronning, Injured at work? (C) 23. SIGNATURE MORENING MA
19. Onte reg(t by reg(trar)	Depile medical trunce

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

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CERTIFICAT	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Milton 9	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Make Walto Slength 6.(b) Name of husband or wite 8.(c) If alive, give age years	2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 40	and that I last saw head alive on 19 %. Immediate cause of death DURATION Due to Due to DURATION
10. Usual occupation 11. Industry or business 12. Name	Due to
13. Birthplace 14. Malden name Exther mitnish 15. Birthplace 16. Intermant flow foldlery	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. Detail, cremation, or removal. Which?) Cemetery or crematory. Helicus Tuesday (sear)	22. VIOLENCE: 11 death was due to exteroal causes, fill in the following; Accident, suicide, or homicide
Location & CO & Balto St Balto Mills 18. Funeral director Salto Strain Braco Address / 124 - 76 Wilmer C. Ensor (Date rec'd by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Agential 4 Mag. Bate signed



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VS A15

14. Maiden na 15. Birthplace 14. Maiden nam

The correct age

FILM No.G 9 6 JUL 11 1945 CERTIFICA	TE OF DEATH Reg. Dist. No. 4/0
County	City or town
3. (a) FULL NAME Earl M. Hus	3. (b) Social Security Number
4. Sex S. Color or race 6. (a) Single, married, widowed, or divorced 6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Nonths Days If less than one day hrs. min	and that I last saw h

(Include preguancy within 8 months of death)

Address

(Burial, cremation, or removal, Which?) Cemetery or crematory

1B. Funeral director

Address (Dute rec'd by registrar) Registrar

23. SIGNATURE

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

Where did injury occur?

Meags of Inter

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

Injured at work? M. D. or other

(County)

Date signed.

(State)

HISTORIES TO THE STATE OF A LANCE OF THE STATE OF THE STA

(BLAKSK) 187 3/1 A317/13/2

DESCRIPTION OF THE PERSON

that the house of their rate

AUL 5 for

FURRAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Registrar Address Baltimore - 28 Md. Date signed 6/28/45

1 XLACE OF DEATH: Willy Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 614 Melville Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.	
City or town		
3.(a) FULL NAME William N. Guyton	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHJune	P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 21, 19, 42, to June 27, 19, 42 and that I last saw h. im. alive on June 27, 19, 4	
deceased (mo., day, yr.) July 3, 1870	Immediate cause of death DURAT	TION
9. Birihpiace		s.
E 12. Name John T. Guyton 13. Sirthplace Maryland		ef.
t4. Maiden name Laura Garrison t5. 8irthplace Maryland	Occidental falls Surger Date of op.	
16. Informant Hospital records AddressCatonsville, Baltimore - 28, Md.	Autopsy results	
17. Buttiel Date thereof 6/30/45 (Burial, promotion or removal, Which?) Cemetery or oremeters Propri Lauce	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Occident. Date of June. 1946, 1945 Where did injury occur? (City or town) (Connty) (State)	
Location Transford & Ml.	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)	
18. Funeral director. Walliam Cook Suc. Address 1217 & Paul J.	23. SIGNATURE VELLES CHIMERAL M. D. or other	0

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VS A15

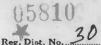
(Date redd by registrar)

TOUR DESIGNATION

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d



CERTIFICAT	TE OF DEATH Reg. Dist. No. 3	0
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town Owings Mills (If outside city or town limits, write RURAL and give nearest town) Street No. Ward's Chapel Road - R.D.#2 (If rnral, give LOCATION) 2.(a) If veteran, name war.	
3.(a) FULL NAME Minnie Hagel	3. (b) Social Security No	umber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH	8:25 P _M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended decease April 80 19.42 June 16 and that I last saw her alive on June 16 Immediate cause of death Terminal bronchopneumon 1	19 45 19 45
8. AGE: Years Months Days If less than one day	Right lower lobe	48 hour
9. Birthplace Baltimore, Maryland (Town, county, and state) 1D. Usual occupation Spinster 11. Industry or business None Unknown		nadot •
12. Name	Teratoms kidney pedicle (Include pregnancy within 3 months of death) Major findings of operations. None	
16. Informant HOSDITAL records: Spring Grove State Address HOSDITAL; Catonsville, 28, Md. 17. Burial, cremation, or removal. Which? Cemetery or crematory. Location. 18. Funeral director. Address Location. 19. Coate rec'd by registrar) 19. Coate rec'd by registrary.	Antopsy results	State)



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: ormation carefully. The codeath clearly and legibly. Countral altimace y or town limits, write RURAL and give nearget How long in above place of death?..... Hospital, Institution, or sireet address where death occurred: (If rural, give LOCATION) information of death eles How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number (HANZLIK) 218-05-0359 5. Color or racen MEDICAL CERTIFICATION 4. Sex tem of i MARGIN RESERVED FOR BINDING 20. DATE OF DEATH. 14 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife mass .. to. Supply ever 7. Right date of deceased (mo., day, yr.) DURATION Immediate cause of death If less than one day 8. AGE: UNFADING INK. Suprant. Physicians: please 61 9. Birthplace important. (Include pregnancy within 3 months of death) PLAINLY, is especially PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address 506 22. VIOLENCE: If death was due to external causes, fill in the following:

(month) (day) (year)

Registrar

Means of Injury

Where did Injury occur?

Accident, suicide, or homicide.....

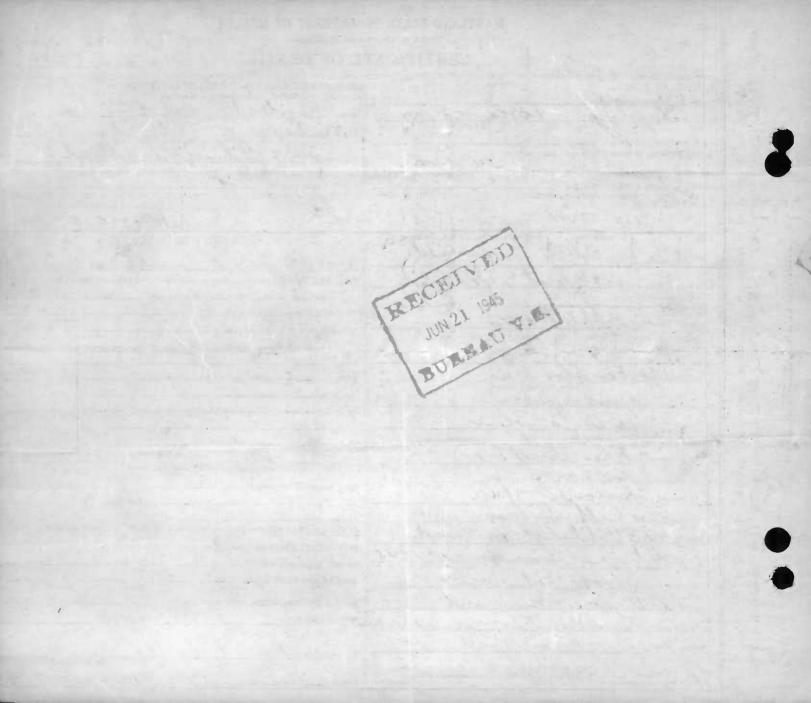
(City or town)

injured at home, farm, industry, public place (where?)

(County)

Injured at work?

(State)



M, D. B. 1268-9 HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 112 1. PLACE OF DEATH BALLINGS Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) ds. How long in U. S. 1f of foreign birth?.....yrs.....mos......ds, Length of residence in city, or town where death occurred .. (a) Residence: No. 54 (Usuai piace of abode) (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. Color or Race 5. Single, Married, Widowed, 3. SEX 21. DATE OF DEATH (month, day, year) or Divorced (write the word) 1 HEREBY That I attended 5a, If married, widowed, or divorced ., to... HUSBAND of (or) W1FE of ..., 19. Death is said to have occurred on the date stated above, at 1230 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of Years Months If LESS than importance were as follows: Date of onset 1 dayhrs. or....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as siik mill, saw mill, bank, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importance: occupation. 12. BIRTHPLACE (city or town (State or country) Name of operation. 14. BIRTHPLACE (city or town). 75. CX Was there an autopsy? What test confirmed diagnosis? (State or country) 23. If death was due to external causes (violence) fill in also the following: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Where did injury occur (State or country) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public (Address) Manner of injury. 18 BURIAL) CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Registrar. (Address).

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designated and own home in answer to Question 9. nate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory." "mill." etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and relationates of importance were as follows:	ed Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago .
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
•			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

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Date signed 6/12/45

CERTIF	FICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	
City or town	
How long in above place of death? 5 days	City or town. (If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 918 Chesapeake Ave.
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 5 days	2.(σ) If veteran, name war
3.(a) FULL NAME Nathaniel Hatch Nath	aniel T. Hatch 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male White Widower	2D. DATE DF DEATH June 12 19.45 , at 5:50 at
6.(b) Name of husband or wite Elizabeth Hatch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 19 45 to June 12 19 45
7. Birth date of	years I im Iune 19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chronic myocardial insuffic-
92 -82 7 2 7 12hrs	iency Indef.
9. Birthplace Anne Arundel County Baltin	nore, Iduate Generalized arteriosclerosis
(Town, county, and state)	and chronic cardio-renal-
1D. Usual occupation Plumber - Well Digger	nuit disease
11. Industry or business Plumbing	Due (U
E 12 Name 7 Nathaniel Hatch	
13. Birthplace 7 Baltimore, Md.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name 7 Frances A. Wood	Major findings of operations
Baltimore, Md.	
16. Informant Hospital records	Antopsy results. As above.
Address Catonsville-28, Balto., Md	Divergian Di al Parti de la la la la la la chand de tieticalla
	22 TION FINCE. It doubt was due to external source fill in the following:
17. Burial Date thereof June 15, 1 (Burial, cremation, or removal, Which?)	(year) Accident, suicide, or homicide
Cemetery or crematory St. Ann's Cemetery	
Cemetery or Crematory.	
Location Annapolis, a.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Milles Lawores	Means of Injury Injured at work?
Address 1000 W. Baltimore At	1 (NO TETT , to
11:	23. SIGNATURE ROOT. E. Gardger, M.D. M. D. or other
19. (Date/rec'd by registrar)	Registrat Address Catonsville-28, Md. Date signed 6/12/45

PLEASE WRITE PLAINLY, WITH UNF is especially important.



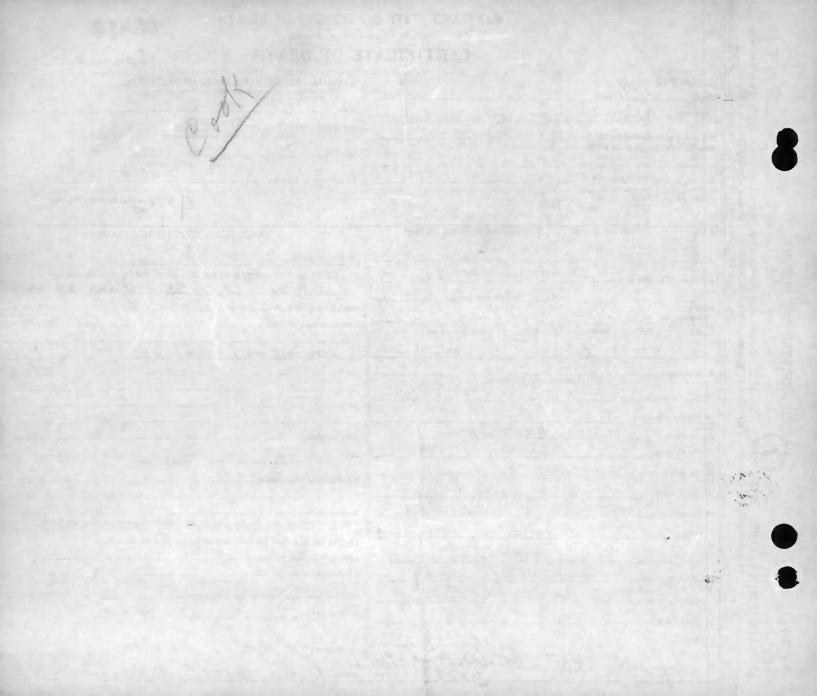
CERTIFICATE OF DEATH

05814

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and grys-nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town OSaccessore (If outside city or town limits,	write RURAL and give nearest town)
	2.(6) II reterall, flame wat	
3. (a) FULL NAME Pauline Her		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE 20. DATE DF DEATH June 23	RTIFICATION -45 19 21 Z
6.(b) Name of husband or wife	and that I last saw halive on	45 to June - 23 1945 nc - 2 / 1945
8. AGE: Years Months Days It less than one day 4 15hrsmin.	Carcinoma-Sp	Leen 1/2-1-yr
9. Birthplace	Due to	
14. Maiden name hances Elshur 15. Birthplace Dermany	(Include pregnancy within 8 m	
16. Informant Margaret Solemsen Address & 01 Frederick Rof. Calonside	Autopsy results	***************************************
17 Burial, cremation, or removal. Which? Bate thereof (month) (day) (year) Cemetery or crematory ark word (month)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of
Location Varhville Balle C.	Injured at home, farm, industry, public place (who Means of injury	ere?)
Address 1717 St Paul ST	23. SIGNATURE S. Llagel	ohnson m.D. or other
19	Address Latonsville	My Date signed 6 23-4

PLEASE WRITE PLAINLY, WITH CHARADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly. VS A15

ARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEAT	H: Saltimore			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a		
Cily or town			State Maryland County			
			snital	Street No	LOCATION)	/
3. (a) FULL NAME	S George, Hi	11			3. (b) Social Security	Number
4. Sex 5	. Color or race		, married, widowed, or divorced		ERTIFICATION	
6.(b) Name of husband or	wife			2B. DATE OF DEATHJune25.,	ve stated; that I attended decea	ased from
7. Birth date of deceased (mo., day, yr.)	_) If alive, give ageyeare	and that I last eaw halive on		
8. AGE: Years 80	Monthe 5	Daye	If less than one dayhrs,min.	Chronic myocardial in	nsufficiency	Indef.
9. Birthplace				Due to Chronic arteriose cardiovascular dis		
				Due 10		
12. Name	ristopher Virginia	Hill		Other conditions	•••••	***************************************
1				(Include pregnancy within 8 m		
16. InformantHo	spital re	cords		Autopsy resultsXQXQ		
Address Cator	al	Date there	ore - 28, Md.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Cemetery or crematory Location		Where did injury occur?(City or town) Injured at home, farm, industry, public place (wi				
		Meene of Injury	Thjured at work?			
Addrese / 2/6	19 83	-07	Blo. Hedre	23 SIGNATURE LACED 6. Robert E. Gardner,		A OF LAC
(Date /ec'd by regis	trar)		Registrar	Address Reltimone - 28		

18. Funeral direct

(Date rec'd by registrar)

Means of Injury

Injured at work?

Date signed ...



(M)
	1	

PHYSICIANS should state VITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.—WRITE PLAIN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05817		
1. PLACE OF DEATH	(97)		
County Baltimore County	Registration Dist. No. 38		
Village or City Daleurylda	No. 6605 Sherwood Rd St., Ward		
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Dungay, Home			
(a) Residence: No. 6605 Sherwood Rd	St., Ward. S. S. # 218-09-7980		
(Usual place of abode)	St., Ward. S. S. # 2/8-09-7980 If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed	21. DATE OF DEATH 22, 1945 (Month) (Day) (Year)		
5a. Ismarciad, widowed, or divorced HUSBAND of (or) NIFE of RELECCA THORNE	22. I HEREBY CERTIFY. That I attended deceased from Ounce 11 1945 to Ounce 18 th 1945		
6. DATE OF BIRTH (month, day, and year) July 3rd 1861	! last saw h 1945 alive on June 22 da , 1945; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10.10.4.m.		
83 11 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	auricular Fibrillation June 11		
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc Labour Pare Branday. 10. Date deceased last worked at this occupation (month and specific pare).			
10. Date deceased last worked at this occupation (month and yaar)			
12. BIRTHPLACE (city or town) glas gor Scotland (State or country)	Other Contributory Causes of importanca:		
7- 11			
13. NAME Voseph Troma 14. BIRTHPLACE (city or town) (State or country) Scotland	Name of operation Date of		
	What test confirmed diagnosis? Was there an eu'opsy? Na. 23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Mary S. Maltman 16. BIRTHPLACE (city or town) Seotland (State or country)	Accident, suicide, or homicide? Date of Injury, 19		
17. INFORMANT Mr George Forsythe (Address) 6605 Sterrova Rd.	Where did injury occur?		
18. BURHAL, CREMATION, OR REMOVAL Poice Grove Constancy Place and onica, Comm. Date Very 25th 19 4 5	Manner of injury		
19. UNDERTAKER William Cook Suc	24. Was disease or injury In any way related to occupation of decaased?		
20. FILED 6 / 28/45 G 'W. Hedrich	(Signed) E Idres Roberts M. D.		
Registrar.	(Address) Grand Gatte 12 Md.		
If more Manks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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2411 N. Charles St., Baltimore 940)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or town	City or town		
How long in above place of death?	A		
Vets. Adm. Fac. Fort Howard. Md.	Street No. 4117 Eccodale Ave ((frural, give LOCATION)		
How long In hospital or Institution?	2.(a) It veteran, name war. WW-I & PTE		
3. (a) FULL NAME	3. (b) Social Security Number		
FOSTER C. HOWARD	3. (0) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White x Married	20. DATE OF DEATHJune 19, 1945		
6.(b) Name of hysyapti of wite	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from June 13, 1945 to June 19, 1945 and that I last saw h. imalive on June 19, 1945		
8. AGE: Years Months Days If less than one day	Immediate cause uf death		
56 6 12hrsmin.	Myocardial infarction		
9. Birthplace	Due to Coronary Occlusion Due to Coronary Arteriosclerosis		
	Dther conditions.		
12. Name John H. Howard 13. Birthplace Penn.			
14. Malden name. Mary Lampson Howell 15. Birthplace New Jersey	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Informant	Autopsy results		
17. Burial Date thereof Control (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematoryBaltimoreNationalCemetery			
tocation Baltimore, Md.	tnjured at home, tarm, Industry, public place (where?)		
18. Funeral director. Leonard J. Ruck	Means of Injury Injured at work?		
Address Balto., Md.	Hy Tuhards		
19. 6/20 19 Al G · Un Welled (Date ree'd by registrar) Registrar	23. SIGNATURE H.Y. RICHARDS, MAJOR, M.C. M. ROTOTELIN. Ft. Howard, Md. 6/19/45 Date signed DIR.		

WRITE PLAINLY, WITH ONF is especially important. PLEASE VS A15

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 93% 1. PLACE OF DEATH: (4) 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland 05819 (a) State Md (b) County (b) Street address 3427 Elenheim Road (c) City or town Baltimore (c) Hospital or institution: (If outside city or town limits, write RURAL and give town) (d) Street No. 3427 Plenheim Road (If rural give location) (d) Length of stay in hospital or inst. (yrs., mos., or days)...... (e) Citizen of foreign country?.....(Yes or No) (e) Length of stay in Baltimore (yrs., mos., or days). 11fe If yes, name country..... 3 (a) FULL NAME WILLIAM SCOTT HUGG MEDICAL CERTIFICATION PM 3 (c) Social Security Account 3 (b) If veteran, name war No 219-01-2151 June17 1945 al2.10_M 20. DATE OF DEATH 6 (a) Single, married, widowed, or 4. Sex 5. Color or race 21. I certify that death occurred on the date above stated; that I attenddivorced. Widowed ed deceased from Mch. 17 1945, to Mus 17 1945 and that I last saw home alive on home 17 19 45 6 (b) Name of husband or wife Mary Beeton Hugg 6 (c) If alive, give age Immediate cause of death. Duration Grane Muscaltin 7. Birth date of deceased (mo., day, yr.) NOV. 9. 8. AGE: Years Months Davs If less than one day hr. 9. Birthplace Baltimore, Maryland (Town, county, and state) Manager-Ship sunply 10. Usual Occupation. Spedden Shipbuilding 11. Industry or business Other Conditions 12. Name John wenry Hugg PHYSICIAN (Include pregnancy within 3 months of death) 13. Birthplace Waryland Date of operation..... Underline the Major findings of operation: cause to which 14 Maiden Name Margaret Susana Jones death should be charged statis-Baltimore, Maryland 15. Birthplace of autopsy: Mr. John Alexander Hugg 22. If death was due to external causes, fill in the following: 16 (a) Informant... 1313 F 35th Street -(a) Accident, suicide, or homicide..... (b) Address (b) Date of occurrence M (b) Date thereof 3/20/45 17 (a) Eurial (Burial, cremation, or removal) (c) Where did injury occur? (month) (day) (year) (City or town) (County) Greenmount demete (d) Did injury occur about home, on farm, industrial place, in public



Location..... 18 (a) Funeral director... NORTH AVF. & BROADWAY (b) Address.....

Maryland

paltimore,

(c) Cemetery or crematory....

VS 150

(e) Means of injury 23. Signature Wellew

(Specify type of place)

place?...

While at work?



INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore State Maryland T.Ow.S.ON. (If outside city or town limits, write RURAL and give nearest town) City or town Hospital, institution, or street address where death occurred: Street Ro 14 B Bunka Avenue 14 W. Burke Avenue How long in hospital or institution?..... 3. (a) FULL NAME ELIZABETH HUGHES inf 4. Sex b.(a) Single, married, widowed, or divorced Female White Single causes 6.(b) Name of husband or wife ______ 6.(c) If alive, give age ADING INK. Supply ever Physicians: please write 7. Birth date of deccased (mo., day, yr.) 8. AGE: Moaths If less than one day Days 68 Nurse 10. Usual occupation... Private 11. Industry or business Thomas Hughes 12. Name..... 13. Birthplace Ireland (Include pregnancy within 3 months of death) Nora Rogers 14. Malden name Major fiediogs of operations ... 15. Birthplace Ireland 16. Informant Mrs. Patrick J. Kelly Burke Ave. Towson, Md. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal, Which?) Cemetery or crematory.... New Cathedral Cemetery Where did injury occur? (City or town) Baltimore Mary Dand Injured at home, farm, industry, public place (where?) .. SEW Means of Injury 18. Funeral director

Towson Marylan

(If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION June 17: 19 45, at 5 A. M 21. I CERTIFY that death occurred on the date above stated: that J attended deceased from

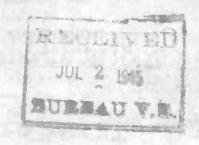
PHYSICIAN: Flease onderline the cause to which death should be charged statistically.

(County)

injured et work?

Address

(Date rec'd by registrar)



MARGIN

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6 3 6 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3.7

05821

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: Baltimore County Towson, Maryland City or town (If outside city on town limits, write RURAL and give nearest town) How long in above place of death the source of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Bud James	3. (b) Social Security Number
1. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced Manyer	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 29 1930 PM
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that attended deceased from 19. 10. 10. 11. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Bays If less than one day hrs. min. 9. Birthplace (Town, county) and state)	Due to.
10. Usual occupation 11. Industry or business Executive-Farm Credit Adm. E 12. Name Application Credit Adm.	Due Io
12. Name 12.	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Personal History Hospital Recor	Satopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Location Richmond, Virginia 18. Funeral director & W. Means and Son Address 805 N. Calvert Street	Injured at home, farm, Industry, public place (where?)
Address OU) N. Callvert Street	as constitute Malliage a Bridge

Registrar

Towson, #Maryland



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Courty County Cou	0,7	Reg. Dist. No
Ely or form. (It counted city or lown limits, were guithed and even nearest town) State long is above piace of death? State of the piace of the pia	I do bliss on	
The line in above since of death? A and your and you are lined to the total species of the line in the lates and the line in the lates and th	0.1.	mes las
in the last place of death? Street No. 17 At 19	(If outside city or town limits, write BURAL and give nearest town)	12-011
Similar Simi	How long in above place of death?	(If outside city on town limits, write RURAL and give nearest town)
Now long in hospital or institution? 3. (a) FULL NAME Archiver S. Johnson . 4. Sex State . 5. Solve or rays. 6. (a) Single, married, widewed, or dirights Sungle 6. (b) Rame of husband or wife. 7. Birth date of deceased (ma., Gay, r.) 8. AGE: 1007 Meaths 7. Birth date of deceased (ma., Gay, r.) 8. AGE: 1007 Meaths 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Birth date of deceased (ma., Gay, r.) 8. Birthplace. 7. Count, country, and at Ale) 8. Birthplace. 9. Birthp	Hospital, Institution, or street address where death occurred:	Street No. 1711 N. Chapel St
3. (a) FULL NAME 4. Sex S. Color or resp. S. Col	Gerring grove state crospina	(lf rural, give LOCATION)
See S. Solver or raps S. Colver		2.(a) If veteran, name war
Show the state of	3. (a) FULL NAME Archier J. Jo	3. (b) Social Security Number
8. (6) Name of husband or wife 1. Seith date of deceased (mo. day, yr.) 8. AGE: Tears Months Days It less than one day 20. Wall occupation 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Seith date of deceased (mo. day, yr.) 18. Birthplace 19. Major faidings of operations. 19. Major faidings of operations. 19. Major faidings of operations. 10. Date of op. 11. Industry or cremation, or removal. Which?) 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 15. Informant 16. Informant 17. Constitution 18. Informant 18. Temeral director. 18. Funeral director. 19. M. D. or other 20. Significance (City or town) 19. M. D. or other 21. Significance (City or town) 19. M. D. or other 22. Significance (City or town) 19. M. D. or other 23. Significance (City or town) 19. M. D. or other 24. M. D. or other 25. Significance (City or town) 19. M. D. or other 22. Significance (City or town) 19. M. D. or other 23. Significance (City or town) 19. M. D. or other 24. M. D. or other 25. Significance (City or town) 19. M. D. or other 26. M. D. or other 27. Manuella date (City or town) 19. M. D. or other 28. Significance (City or town) 19. M. D. or other 29. Manuella date (City or town) 19. M. D. or other 20. Significance (City or town) 20. Significance (City or town) 21. Significance (City or town) 22. Significance (City or town) 23. Significance (City or town) 24. M. D. or other 25. Significance (City or town) 18. M. D. or other 26. M. D. or other 27. M. D. or other 28. Significance (City or town) 18. M. D. or other 29. M. D. or other 20. Significance (City or town) 20. Significance (City or town) 20. Significance (City or town) 22. Significance (City or town) 23. Significance (City or town) 24. M. D. or other 25. Significance (City or town) 26. Signif		MEDICAL CERTIFICATION
T. defin falls of deceased (mo. day, yr.) 8. AGE: Years Months Days It less than one day T. defin falls of deceased (mo. day, yr.) 8. Birthplace Cover, county, and staffe) Due to Due to	Male White Sugle	20. DATE OF DEATH DELLE 26 19 45 at 6 7 M
7. Birth date of decessed (mo., dar, yr.) 8. AGE: Years Months Days It less than one day 7. Crown, county, and state) 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Information 17. Information 18. Informatio	C (b) Name at husband or wife	21. I CERTIFY that deen occurred on the date above stated; that I attended deceased from
1. Birthplace		Suce 21 18 45 To June 2 618 45
8. AGE: Years Months Days It less than one day Cover Cove		and that last saw h see alive on france 26 1945
8. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Usual occupation. 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name Usual Solutions (Include pregnancy within 8 months of death) 15. Birthplace (Include pregnancy within 8 months of death) 16. Informant Organical tecords (Include pregnancy within 8 months of death) 17. Business (Include pregnancy within 8 months of death) 18. Funeral director (City or town) (County) (State) 19. Call Solutions (Include pregnancy within 8 months of death) 19. Major findings of operations. 10. Usual occupation. 10. Usual occupation. 11. Industry or business (Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. Major findings of operations. 18. Eveneral County (Include pregnancy within 8 months of death) 19. (Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Major findings of operations. Attempting findings of operations. Major findings of operatio		Immediate cause of eath DURATION
8. Birthplace Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name	2 7	Queral Vareses
10. Usual occupation 11. Industry or business 12. Name	70 'hrsmin.	1 Juveriel E 147
10. Usual occupation. 11. Industry or business 12. Name	8. Birthplace / Sallewore, Mc	Due to A
11. Industry or business 12. Name		Clougemental Syphiles lefs
12. Name	10. Usual occupation	Due to.
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 16. Informant 17. 17. 18. Informant 18. Funeral director 18. Fun		
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 16. Informant 17. 17. 18. Informant 18. Funeral director 18. Fun	12. Name Make Certhus Johnson	other conditions I le Example tic
14. Maiden name 15. Birthplace 16. Informant 17. Build 18. Euneral director 19. Address 19. Address 10. Injured at home, farm, industry, public place (where?) 19. Address 19. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury 19. Address 23. SIGNATURES. 19. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 24. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury 19. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury 23. SIGNATURES. M. D. or other	≦ 13. Birthplace /Nd.	nedlaria (our
Address Colorestelle 28 No. 17. Build Date thereof Sum 30 / 94 18. Funeral director Address 3000 to Baltinuou B. 19. Colorestelle 28 No. Autopsy results 100 2. Autopsy results 100 2. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, till in the following: Accident, suicide, or homicide	= 14. Maiden name Margaret Johnson Jim	9
Address Colorestelle 28 No. 17. Build Date thereof Sum 30 / 94 18. Funeral director Address 3000 to Baltinuou B. 19. Colorestelle 28 No. Autopsy results 100 2. Autopsy results 100 2. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, till in the following: Accident, suicide, or homicide	E 15. Birtholace Make water Ma	
Address Add	Alasnital read.	
Date thereof. June 30 194 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. (City or town) Location as Malabeth Manager Meens of injury 18. Funeral director. Manager Manager Meens of injury Address 3660 b Saltimore Meens of injury 19. (2. VIOLENCE: It death was due to externat causes, till in the following; Accident, suicide, or homicide	16. Informan 15 15 15 15 15 15 15 15 15 15 15 15 15	
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location as Malabara Mark Meens of injury 18. Funeral director Mark Mark Mark Meens of injury 19. (City or town) Accident, suicide, or homicide Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury 19. (Accident, suicide, or homicide Meens of injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury 23. SiGNATURE Mark Mark Mark Mark Mark Mark Mark Mark	Address Catousville 18 100	VIOLENCE. It death was due to external causes till in the following:
Cemetery or crematory. Location ASALL Bethland Location ASALL Bethland Meens of injury Meens of injury Meens of injury 18. Funeral director. Address 3660 & Baltimore Bt 19	17 Busiac Date thereof June 30 194	
Location As Al Markethand 1146 Injured at home, farm, industry, public place (where?) 18. Funeral director 115 As Carrain Meens of injury injured at work? 19		
18. Funeral director Address 3660 & Baltimore Bt 19	Cemetery or crematory	(City or town) (County) (State)
18. Funeral director. Address 3660 & Baltimore Bt 19	Location to Mill West and 116	Injured at home, farm, industry, public place (where?)
Address 3600 & Baltimore St 19. 6/2718 45 G W. Halrich 23. SIGNATURE Strung CaM Eagl M.D. or other Company of the Company of	18. Funeral director 16 18 C Masar	Meens of injury Injured at work?
18. 6/2718 45 G W. Hedrich Jane 10 - Mas M. D. or other	2 / 1/2 /1.	a course Heyer camead mid
Date rock of the contract ADDITECT ADDITECT	19. (Date ree'd by registrar) 43' G W. Hellich Registrar	Address Calousville Man signed 9 26/45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49-0 CERTIFICATE OF DEATH

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M	11.
Reg. Dist.	No. 40

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Fullerton (If ontside city or town limits, write RURAL and give nearest town)	State Md. County Balto.	
(If ontside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Raspeburg (if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	(if outside city or town limits, write RURAL and give nearest town) Street No. 7721 Philadelphia Road	
Ridgley Road	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ELIZABETH LILLIE KAPPEL	of the state of th	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20. OATE OF DEATH June 28th, 1945 15:40P	
5.(b) Name of husband or wife George J. Kappel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	June 1, 1845, 10 Quan 28, 1845	
7. Birth date of deceased (mo., day, yr.) September 28, 1881	and that I last saw h. La. alive on	
8. AGE: Years Months Bays It less than one day	Immediate cause el death	
63 9 0hrsmin.	Generalized Carcuian-	
	alous 5 mg	
9. Birthplace Balt imore, Md. (Town, county, and state)	Due to.	
10. Usual occupation Housewife	Ga Glassing a Space.	
11. Industry or business	Due to	
量 12. Name Lauskey	Other conditions	
13. Birthplace Unknown		
14. Malden name Annie Hemer 15. Birthplace Balto., Md.	(Include pregnancy within 3 months of death)	
15. Birthplace Balto., Md.	Major findings of operations. Quest'	
	Oate of op.	
16 Informant Mrs. John C. Winterstein	Autopsy results	
Address 7721 Philadelphia Road		
(Burial, cremation, or removal, Which?) Oate thereot July 2, 1945 (month) (day) (year)	22. VIOLENCE: 1f death was due to external causes, fill in the toilowing: Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Parkwood		
	Where did injury occur? (City or town) (County) (State)	
Location Balto, Md.	Injured at home, farm, industry, public place (where?)	
18. Foneral director assault true of Home	Means of Injury tnjured at work?	
Address 7401 Belair Road	71. 11 2 2 2 2 1 . 1	
7/1/2- W. Mt tomm IN	23. SIGNATURE Handle a. grott, to.D.	
19	Address 8100 Hanfard NA . Bate signed 6/30/45	

THE PROPERTY OF STATE OF STATE

JUL 5 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborg infauts give residence of mother)
Covaly.	mx
City or lown (If outside city or town limits, write RURAL and give uearest towu)	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hogottal, institution, or streat address where death occurred:	allen on t
Casonsule Musing mm	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 Henry F	Karcher wone
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mote Money -	20. DATE OF DEATH 19.45 at M
1 Anni m	2t. I CRITIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of	
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
109 2 11hrsmin.	Searling terms trye 2 days
at the same	The Contract of the Contract o
9. Birthplace (Town, epunty, and state)	Due to This was the same of th
1D. Usual occupation and Salar	
	Due to
11. Industry or business	
E 12. Name.	Other conditions
13. 8 irthplace	(Include pregnancy within 3 months of death)
14. Maiden namet Messen	
15. Birthplace In Dermanel	Major fiadings of operatious.
11. 11.11/2 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	Date of op
18. Informant Man Manager S. M. Manager S. M. M. Manager S. M.	Autopsy results
Address 2419 / 12 anothe of	
17 Funded Date thereot 6/13/45	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Edd Attached	Where did injury occur?
Location A - 4 Con The O	injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	4 4 0
Address 1219 At Tank of	Sent ortion, un
1/12 45 1/1	23. SIGNATURE M. D. or other
19. (Deterred by registrer)	Iddan Willathy and their signed W/ ofy-

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

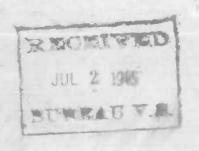
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (941)

05524

CERTIFICAT	E OF DEATH Reg. Dist. No. 38
1. PLACE OF DEATH: County Baltimore City or fown Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Vatse Adm Facility, FT Howard, How long in hospital or institution? 80 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME FRANK KELLY	3. (b) Social Security Number 220-08-2127
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Colored Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHJune 2
8.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14, 19.45 to June 2, 19.45 and that I last saw h im alive on June 2, 1945 to Immediate cause of death Grnary occlusion Immediate Myocardial Insufficiency: Due to Disease of the heart. Due to Coronary artercosclerosis Myocardial Damage. 2 yr. Dither conditions General Coronary artercosclerosis Myocardial Damage. 1 yr. Major findings of operations.
fs. Birthplace f6. Intormant Clinical Records, Vet. Sdm. Fac. Address Fort Howard, Maryland f1. Duncal Common Maryland f2. Burlal, cremation, or removal. Which?) Cemetery or crematory. Location Common Maryland f8. Funeral director Common Maryland f8. Funeral director Common Maryland Address A 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury Injured af work? 23. Signatures M. D. or other Address Address Address Date signed



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)



CERTIFICATE OF DEATH

05	825
Reg. Dist.	No. Hr

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Relay, Balto, Carenty			
(If outside city or town limits, write RUKAL and give nearest town)	State Mary Lass & County Milangamery		
How long in above place of death? 125 9 22 a.m. 25 d. a.y. 5	City or town / O.C. / Let / C. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
Kelay Sanitarium	Street No		
How long in hospital or institution? 12 1 9 22 05 25 25	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
George Holt Lamar			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male White Widowed	20. DATE DE DEATH JUNC 11 19 45 at 8 P.		
6.(b) Name of husband or wife Edith S. Lamer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) It alive, give ageyears	June 11 19 4 4 10 June 11 19 4/E		
7. Birth date of 0 10 19	and that I last saw h		
deceased (mo., day, yr.) Yaly 20, 186	Immediate cyuse uf death		
0. 1101.	Heart failur		
77 10 22hrs,min,			
9. Birthplace. Q. L. D. Q. M. Q. (Town, county, and state)	Due to Asterio Selection Cardio		
	Vascular Disease		
10. Usual occupation.	Due to		
11. Industry or business Retired			
12. Name William Harmane harmar	Other conditions Sessibility		
13. Birthplace Leoreia			
	(inclode pregnancy within 3 months of death)		
14. Maiden name. Anna M. Sleng.	Major findings of operations.		
15. Birthplace Leongia	Date of op.		
16. Interment San - Edw. S. Lanser	Autopsy results.		
Address Washington J. C.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
Numero Washington J. C. 111 41	22. VIOLENCE: It death was due to external causes, till in the following;		
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremators workyulle Jimm	Where did Injury occur?		
cometery of crematory			
Location Archyrul Mangiogan.	tnjured at home, tarm, Industry, public place (where?)		
18. Funeral director Warner & Dumphay	Mgans of Injury Injured at work?		
Address 8434 X lengin ave. Like some M	de mille of the		
A Comment of the Comm	23. SIGNATURE		
19. June 12/19/55 Defeeld	If a week of the terms		
(Date rec'd by registrar)	Address Date signed Co. L.		



CERTIFICATE OF DEATH (93-4)

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MLY, WITH important.

especially

WRITE e is esp

1. PLACE OF DEATH: (a) Baltimore City, Maryland Wing. India Jam (c) Hospital or institution: information should be carefully. (d) Length of stay in hospital or inst. (yrs., mos., or days)..... (e) Length of stay in Baltimore (yrs., mos., or days)..... 3 (a) FULL NAME ·Tla. 3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Fanala Colored-6 (b) Name of husband or wife..... Every item of i 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) akril 17-1925 8. AGE: Years Months If less than one daybr. 20 9. Birthplace... Toun, county, and state) 10. Usual Occupation 11. Industry or business 12. Name... 13. Birthplace 14. Maiden Name ... 6 22 15. Birthplace 16 (a) Informant 6 A b) Address (b) Date thereof (Burial, cremation, or removal) month (day) (year) (c) Cemetery or crematory... Location 18 (a) Funeral director (Date roc'd to registrar)

2. USUAL RESIDENCE OF DECEASED: (a) State Md - (b) County Balti (c) City or town \ / undal (If entside city or town limits, write RURAL and give town) (d) Street No..... (If rural give location) (e) Citizen of foreign country? (Yea or No) If yes, name country... MEDICAL CERTIFICATION 20. DATE OF DEATH June 3 1945, at M 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [] and that the causes of death were: IMMEDIATE CAUSE OF DEATH. Cending Chemical analysis. This was megatives Due to Chronis myocardial degeneration cuto Hypertrophy and delatation of heart. Other Conditions acrete Andronory edernal. (Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury......at (b) Where did injury occur? (c) Did injury occur at home, on farin, industrial place, in public place? While at work?

(d) Meana of injury.....

Date signed 6 - 4 - 4 S

23. Signature Honard . lul

M.D.

Medical Examiner

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County			re		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City of town Catonsville		••••••••••••••••••	state Manyland County Prince George 1.s			
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		City or town (If outside city or town limits, write RURAL and give ne				
How long in above place of death?						
				pital	Street No. Mt. Rainier,	
					(If rural, give LOCATION)	V
		tltulion?	to days		2.(a) If veteran, name war	
3. (a) FUL	L NAME	Jesse	Orlando	Lineberry	3. (b) Social Security	Number
4. Sex	5.	Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male		White	V	Vidower	20. DATE DF DEATH	at 8:20 a M
			le R. Be		21. I CERTIFY that death occurred on the date above stated; that I attended dec	
7. Birth date o	f			c) It alive, give ageyears	and that I last saw h. im. alive on	1945
	no., day, yr.)			10, 1859	Immediate cause of death	DURATION
8. AGE:	Years	Months	Days	It less than one day	Hydro-nephrosis resulting	
	85	7	3		from hypertrophied prostate	
9. Birthplace.	****************			ina state)	Due to	
10. Usual occ	upation	MILS 1	9 .	••••••	Due to	
11. Industry o		Farm:	ing			
12. Name		Arla	odo Line	berry	Dther conditions	
13. Birth	lace		a Caroli			
				lispie	(Include pregnancy within 3 months of death)	-
					Major findings of operations	
15. 8irth	place	North	n Caroli	na	Date ot op	***************************************
18. Interment		Hosp	ital rec	ords	Autopsy results	
Address		Cetos	new111a	Balto -28 Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
(,	1				22. VIOLENCE: It death was due to external causes, fill in the following;	
(Burial, cu	emation, or	removal. Which	Date ther	eof	Accident, suicide, or homicide	
1	0				Where did injury occur?	***************************************
	7		4	91 1		
Location	7.7.8	JANO.	1000	元	Injured at home, farm, Industry, public place (where?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. Funeral d	irector.	000	a	Theleng,	Means of Injury Injured at work?	
Address	60	.4/	velo	Mank .	23. SIGNATURE aber 85. Hardus	J4.10.
6/	13	4.	5	V haden	Røbt. E. Gardner, M.D. M.D.	or other
(Date rec	'd by registi	nar) 19.7	V	Register	Address Catonsville-28. Md. Date signed	6/13/45



THE REST OF STREET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 99-0

05829

	25.4) -	. /	- /
Reg.	Diat.	No	4	2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dallergue	(For newborn infants give residence of mother)
(If outside city or town limits, write tural and give nearest town)	State Med County Baltemore
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
530) Silly on	Sireet No. 5.507 Wellys are.
	(If rural, gife LOCATION)
How long in hospital or institution?	2.(a) If veteran, name/war
3. (a) FULL NAME	3. (b) Social Security Number
anna Lee Mark ermott	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 1 1:	7 / / / / / / / / / / / / / / / / / / /
Denale White Married	20. DATE OF DEATH. Sure 13 19 45 at 3 P, M
8.(b) Name of husband or wife Thomas O. Man Stomas	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from
8.(b) Name of husband or wife.	My 28 1845 10 Jule 3 1905
7. Birth date of	and that I last say all ye on 19 01
deceased (mo., day, yr.) Quarest 4 1860	
8. AGE: Years Months Days It less than one day	Immediata cause of death
84 40 9 min.	
	Mule Caroles fallow free
9. Birthplace Oleyasales Va. (Town, coupty, and state)	Due to.
012/	- Oarde Miscular deseres;
10. Usual occupation	Due to
11, Industry or business	
12. Name William Dece	Differ conditions
12. Name William There	
	(Include pregnancy within 3 months of death)
14. Malden name. Usaginia Madison 15. Birthplace 24.	Major findings of operations
S 15. Birthniace 2a.	Date of op.
office of the all chart	
16. Informani	Autopsy results
Address 5507 Willys auc.	
17 Bural Date thereof June /6 194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove), Which?) Daie thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Toudon Gark	Where did injury occur?
Barring	injured at home, farm, industry, public place (where?)
Location Sceletomore	
18. Funeral director J. Howard Strong	Means of injury injured at work?
Address 3707 W. North Out	1. Mul: 11.
Address Of W. 1407 Co.	23. SIGNATURE
10 June 14 10/5 - Tellulla	1-170 Bradaby M. D. organia
(Date rec'd hy registrar) Registrar	Address Date signed After

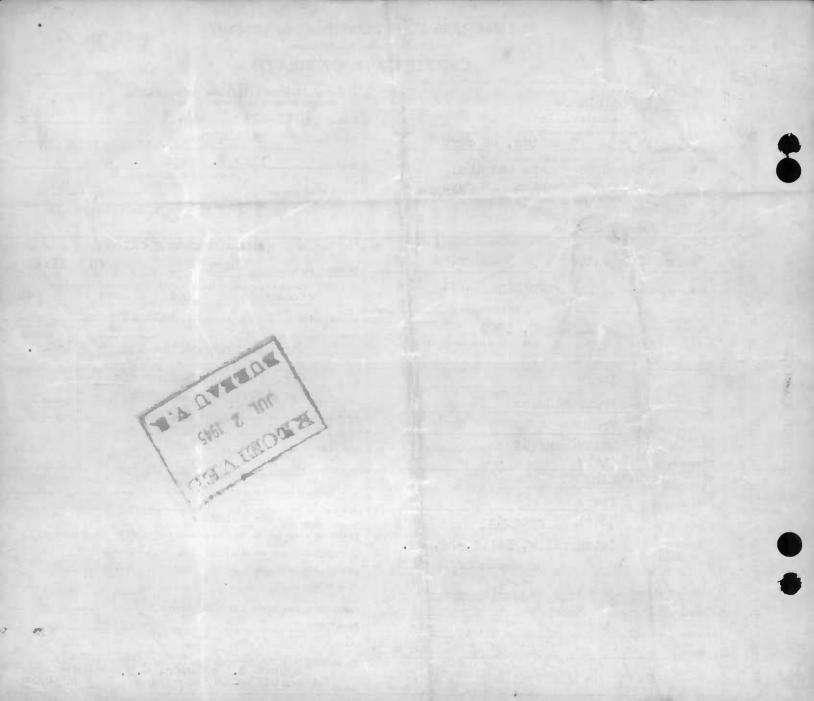


MARYLAND STATE DEPARTMENT OF HEALTI 2411 N. Charles St., Baltimore (33) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore (For newborn infants give residence of mother) Maryland Catonsville Baltimore How long in above place of death? 7 months, 23 days (If outside city or town limits, write RURAL and give neurest town) Hospital, Institution, or street address where death occurred: 1127 E. Pratt St. Spring Grove State Hospital (If rural, give LOCATION) How long in hospital or institution? 7 months, 23 days 3. (a) FULL NAME 3. (b) Social Security Number Joseph Maggio 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING White Married Male June 18 19 45 11:45 p 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct ober 26 44 June 18 Josephine Curcio 6.(b) Hame of husband or wife..... October 26 and that I last saw h. im. alive on June 18 7. Birth date of March 27, 1889 deceased (mo., day, yr.) Immediate cause of death..... BURATION tf less than one day Monihs Days 8. AGE: RESERVED Chronic myocarditis Indef. 56 Chronic arteriosclerotic Italy 9. Birthplace...... (Town, county, end state) cardiovascular disease Fruit peddler 10. Usual occupation..... Fruit 11. Industry or business 置 12. Name..... Samuel Maggio WITH UNF important. Italy 13. Birthplace (Include pregnancy within 3 months of death) 置 14. Maiden name.... Mary ? Major findings of uperations..... 15. Birthplace Italy No autopsy Hospital records 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Catonsville. Balto .- 28. Md. Address 22. VIOLENCE: it death was due to external causes, till in the following; Accident, suicide, or homicide,.... Where did injury occur?(City or town) WRITE Cemetery or crematory (County) injured at home, farm, industry, public place (where?)

(Date rec'd by registrar)

Robert E. Gardner, M.D. M. D. or other

Address Catons ville-28, Maryland Date Signed 6/18/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920/

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: county Baltimore		2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of moth	er)		
City or town Fort Howard (If outside city or town limits, write R How long in above place of death?		Dallat mana	Sizte Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred Vets - Adm - Fac - Fort Howard How long in hospital or institution? 18 Days	l. Maryland	Street No. 3.510 Lynchester Rd.a. (12 rural, give LOC. WWI 2.(a) If veteran, name war.	ATION)	,	
3.(a) FULL NAME JOHN AUSTIN MAG			(b) Social Security 705-05-	Number	
	e, married, widowed, or divorced	MEDICAL CERT		at.2:45 a	
8.(b) Name of nusband or wite EVA I. Magu	e) If alive, give ageyea	May 22. 1945	to June 10	19.45	
deceased (mo., day, yr.) 8. AGE: Years Months Days 49 11 19	14 less than one day hrs	Immediate cause of death	Insuffici-	DURATION	
9. Birthplace Boston, Massachuse (Town, county, and s		Due to Enlargement, Myocardi iency, Auricular Fibri	al Insuffic	-	
11. Industry or buelnese R. & O. R.R. 12. Name John Maguire 13. Birthplace Massachusetts	, Balto, Md.	Dither conditions	•mi กลไ	3 days	
14. Malden name. Mary Howard 15. Birthplace New Hampshire		(Include pregnancy within 3 month	ns of death)		
16. Informant Veterans Administra	ti on	Antopsy results	leath should be charged	statistically.	
	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, if Accident, suicide, or homicide	Date of		
Location Paragraphics II. Funeral director Wine J. Tickner &	MAS	injured at home, farm, industry, public place (where?)			
Addrese North & Pennsylv			er EtCa.	PMe	
19. (Date rec 1 by registrar)	Registre	Address	Date signed		

MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

eg. Diat. No. 4/

1. PLACE OF-DEATH Creating in above the control of		
County C		2. USUAL RESIDENCE (HOME) OF DECEASED:
State County County or town County or town County or town County or town County City or town	County / Callo -	(For newborn infants give residence of mother)
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5.(b) Name of husband or wile. 6.(c) If alire, give age years deceased (ma, day, yr.) 7. Birth date of deceased (ma, day, yr.) 8. AGE: Years Months Days It Plass than one day 10. Usual occupation. 11. Industry or business 12. Name. 13. Which is more than the following: Address (C C at Play 1. Address (C C at P	4. Sex 5. Color-or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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12. Birth date of deceased (mo., day, yr.) 2 2 3 4 4 5 5 6 6 6 6 6 6 6 6	Tem Voya Corroso.	20. DATE OF DEATH. Fline 7 19 45 at 7 70 N
12. Birth date of deceased (mo., day, yr.) 2 2 3 4 4 5 5 6 6 6 6 6 6 6 6	Great March	The ECCOTICY shot death commend of the date show stated, shot Tallanded decreased from
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Town, county, and attie) 10. Usual occupation	9 Rirthniace Caston, Md.	Due to.
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E E A CO L	2 4	Where did Injury occur?
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	I restion tusternelive Rond	Injured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?	0 0 1	
18. Funeral director Seco. A. Loude Means of injury injured at work?	18. Funeral director Oleo D. Look	incars or injury injured at noise
man that as to P . H P & Com. Many Com.	Washard P. H. P. LA.	Marson Jan
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(19 4) (1.11. Abdas ah. 3. Signatura med - Mall crother	(119 45 (1.11. Abdniah	Desnit One MiD or other
19	(Date rec'd by registrar)	Address Roll plant
(Date rec'd by registrar) Registrar Address	, regional	nources

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

05833 Reg. Dist. No....

	ltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md • County			
Cily or town Raspeburg (If outside city or town limits, write RURAL and give nearest town)			City or town. Balto. (if outside city or town limits, write RURAL and give nearest town)			
	ace ot death? or street address where d	ealh occurred:				
Trun	nn Mill Dd	•••••	Sireet No. 1606 Sta Stephens Sta (If rural, give LOCATION)	•••••		
How long in hospital	l or Institution?		2.(a) If yeleran, name war	V		
3. (a) FULL NA		AMES L. McCANN	3. (b) Social Se	curity Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N		
Male	White	Single	20. DATE OF DEATH June 4, 19.	45 7:20		
			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Manch 16 19.4.2 to June 4 19.4.5 and that I last saw h			
	ears Months 3	Days It less than one day 28hrsmin.	Immediate cause of death	3 200		
11. Industry or bush	n. Clerk	Oh.	Due to			
13. Birthplace	Ireland					
14. Malden nam	Mary J.	Smith	(Include pregnancy within 3 months of death) Major findings of operations.			
15. Birthplace	Ispianti	faccount of the country of the count	Antopsy results New Date of o			
	306 St. Stepl	nens St.	PMYSICIAN: Please underline the cause to which death should be of	charged statistically.		
17(Burial, cremati	ial ion, or removal. Which?) alory Druid I	Date thereof. (month) (day) (year) Ridge Cem.	22. VIOLENCE: If death was due to external causes, fill in the tollowing Accident, suicide, or homicide	of		
Location Pikesville, Md.			(City or town) (County)			
			Means of Injury Injured at wo			
18. Funeral director. WM.s.J. TICKNER & SONS. Address Balto., Md.			BIGHATURE from Osliman 2	4. D.		
19. (Date rec'd by	registrar)	Greek & Registra		M. D. or other signed 6-5-45		

Address /201

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

important.

PLEASE WRITE PLAINLY, Is especially

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MARGIN RESERVED FOR BINDING

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LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

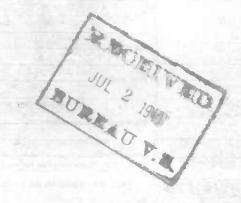
2411 N. Charles St., Baltimore

10 93-A

CERTIFICATE OF DEATH

A)5834 Reg. Diat. No. 38

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Saftunge	(For rewborn infants give residence of mother)
City or town	State County Gallinon
	(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	All ()
Dave Mull Road Planne	Sireet No. Dance Well Road
	(Wrural, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME William Mc Kny	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male West, Widowed	12 11251
	20. DATE OF DEATH. June 13, 1945 at 114
B.(b) Hame of bushand or wife Julia Fee Hall	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
O CAN MARINE HOW AND	Vanuary 1875 to June 13, 18 45
7. Birth date of	and that I last saw h. 104 alive on Jane 123 19 45
deceased (ma., day, yr.) Way 11, 1858	Immediate cause of death
8. AGE: Years Months Days If less than one day	Real brease, Chimic myocarditis 345
6 hrsmir	a.
Olio	Due to Aughstalensian wife.
8. Sirtbalace (Town, county, and state)	Due to Diffeld livery
10. Usual occupation accountant retired	
	Doe to Wilgrosselesores will serve with
11. Industry or business	- Charges.
12. Name Joseph a, Melnew 13. Birthplace Howard Co. Me.	·· Other conditions
13. Birthplace Howard Co. Med.	(Include pregnancy within 3 months of death)
14. Maiden name Courses Merces Me Lucis 15. Birtholace Horozof Al Co. Me.	(Include pregnancy within 3 months of death)
6 71	Major findings of operations
2 15. Birtholace Howard (o. Miles	— Date of op
16. totormant has the Joines daugitte	Autopsy results
Address Phoenix Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 : 16 1911	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crymation, or rimoval, Which?) Date thereof (mooth) (day) (year)	Accident, suicide, or homicide
4 2 1	Where did latery occur?
Cemetery or crematory	Where did injury occur?
Location Long green. Balls. Co	Injured at home, farm, industry, public place (where?)
11 m touch hur	Meaos of injury tnjured at work?
inin it is to	(12 DD. 0 1/ 1/1)
Address 1217 St. Jawagg, A.	23. SIGNATURE Sollin 6. Audson Mis
had 13 45 - INLINANT MILLET	M. D. or other
19. has 13 18 45 Mayor flat 1	17 Address Toward 4 Mal Bota stoned 6/13/45:



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 123

CERTIFICATE OF DEATH

	2	3	5	35	,	
leg.	Dist.	No		4	4	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Macyland County		
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No		
LY B. Fralley Paringly And Vill	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	le 9. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Col Gengle,	MEDICAL CERTIFICATION 20. CATE OF DEATH 20. CATE OF DEATH 20. CATE OF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
deceased (mo., day, yr.) 11-1935	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
hrsmia.	Meaning y		
9. 6irthplace (3alta 200 d. (Town, county, and state)	Due to		
10. Usual occupation.	Bro Is		
11. Industry or business	Due to		
12. Name	Other conditions		
14. Maiden name. Consume Im as of ellumony.	(Include pregnancy within 3 months of death) Major findings of operations		
C \ \ 2	Date of op.		
Address 151 Gart St.	Autopsy results		
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.		
Cemetery or crematory Mr. Cablesy	Where did injury occur? (City or town) (County) (State)		
Location H.H. S. Wad.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Dyron & Manue 4. Height	Means of Injury Jeanney Injured at work?		
Address 72 (ausquette 81. 3 alto	23. SIGNATURE Dimborne Di D.		
19. Date rec'd by registrar) 19. Jan	Address Deputy Medicaf M. D. or other		

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830



05836

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	2 (b) Secial Secial Number

Hospital, Institution,	or street address where d-nond-sonAv.	death occurre	d:	V			
3. (a) FULL NA	ME	Sop	hia Munford		3. (b) Social Security	Number	
4. Sex	5. Color or race	b.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	ION	
Female	White		Widowed	20. DATE OF DEATH June 20			
	***************************************	6.(rdyears	21. I CENTIFY that death occurred on the date above	e stated; that altended dec	eased from 20 19 45	
	ars Months	Days	If less than one day	Immediate rause of death.	02.0	DURATION	
	67 7	15	hrsmin.	COLLEGE SO SEE	e or sugge	3 Jags	
1D. Usual occupatio	School	l ^T eac	state) her	Due to			
~!		Plat	er	(Include pregnancy within 3 mo	areas		
			., Catonsville	Autopsy results			
17. Buria (Burial, eremati	al on, or removal. Which?)	Date ther	eof June 23,1945 (month) (day) (year) metery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	(State)	

WRITE PLAINLY, WITH UNF is especially important.

Mis Lauoreau 18. Funeral directer 1003 W. Baltimore

(Date rec'd by registrar)

23. SIGNATURE.

Means of Injury

M. D. or other

Injured et work?

.Date signed.

Registrar Address 715

Frederick Ave.

RECEIVED
JUL 3 1945
BULRAU V.A.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH The of deceased is shown on 2411 N. Charles St., Baltimore 1310 CERTIFICATE OF DEATH supplied. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: pe i State. (If outside city or town limits, write RURAL NEAR and give town) (If outside city or town lights, write RURAL NEAR and give town) information should carefully of death clearly and legibly Street address, hospital, or institution: Vai (If rural give LOCATION) Stay in hospital or inst. (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR _ __ Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING male 2D. DATE OF DEATH Every item write the caus 7. Birth date of deceased (mo., day, yr DURATION Immediate cause of death 8. AGE: INK. NFADING I Physicians: p 1D. Usual occupation 11. Industry or business Other conditions. (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace PHYSICIAN PLAINLY, WITH I especially important. Major findings: Of operations. the cause to which death should be charged statisti-Df autopsy _____ Address 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Accident, suicide, or homicide. (month) (day) (year) PLEASE WRITE correct age is Where did injury occur?-(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)_ Means of Injury injured at work? M. D. or other (Date rec'd by

2411 N. Charles St., Baltimore 950

CERTIFICA	ATE OF DEATH Reg. Dist. No. 33		
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantn give residence of mother)		
	state Maryland county Baltimore		
City or town Randallstown. R.F.D. #1 (If outside city or town limits, write RURAL and give nearest town)	City or town. Randallstown. R.F.D. #1 (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Hannah mary S. Junashower.	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DE DEATH		
6.(b) Name of husband or wife Walter R. Munshower	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	19.45, to june 17. 19.45		
7. Birth date ot	end that I last saw h		
deceased (mo., day, yr.) September 12, 1896	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Cardiac Decompensation 2 yrs.		
48 9 7hrs	nin.		
9. Birthplace	Due to		
(Town, county, and state)			
1D. Usual occupation Housewife	Due to		
11. Industry or business			
E 12. Name. William H.A.Riffinger 13. Birthplace Maryland	Dther conditions		
13. Birthplace Maryland			
# 14. Malden name Lovie Hess	(Include pregnancy within 3 months of death)		
14. Malden name Lovie Hess 15. Birthplace Maryland	Major fiadings of operations.		
El 15. Birthplace Maryland	Date of op.		
16. Informant Walter R. Munshower	Antoney respits		
Address Randallstown, R #1, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
17. Burial Date thereot 6-22-45 (month) (day) (year)			
Cemetery or crematory Lutheran Cemetery	Con .		
Location Harney, Maryland	Moone et injury Injured at work?		
18. Funeral director C.O. Fuss & Son	include of the first state of th		
Address Taneytown, Md.	23. SIGNATURE D. D. Caples M. D. or other		
19. Nume 21 19 45 Clary R. F. Line. (Date rec'd by registrar) Regist	M. D. or other		
(Date rec'd by registrar) Regist	rar Address Beisterstown Md Date signed 6-19-4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

TARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Churles St., Baltimore 50 CERTIFICATE OF DEATH supplied 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) State (If outside city or town limits, write RURAL NEAR and give town) carefully. City or town Street address, hospital, or institutions Stay in hospital or inst. (yrs., or mos., or days) pluods 2(c) IF VETERAN. NAME WAR Stay in this community (yrs., or mos., or days) information sho of death clearly 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 5. Color or race MARGIN RESERVED FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that attended deceased from em of i item _6(c) If alive, give age. 7. Birth date of Every ite deceased (mo., day, yr.) BURATION Immediate cause of death 8. AGE: Years Months Days il less than one day INK. 9. Birthplace (Town, county, and state) NFADING I Physicians: 1 10. Usual occupation 11. industry or b Other conditions 13. Birthpiace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace PLAINLY, WITH tespecially important. PHYSICIAN Major tindings: Please underline the cause to which death should be charged statisti-16. Informant Address 22. VIOLENCE: If death was due to external causes, lill in the following: Accident, suicide, or homicide (Burial, cremation, or removal, (month) (day) SE WRITE I Where did injury occur?_ Cemetery or eremator (City or town) (County) (State) Injured at home, farm, industry, public place (where?). Location leans of injury injured at work? 18. Funeral directo PLEASE Address M. D. or other Date rec'd by registrar)



PLAINLY, WITH UNI is especially important.

WRITE

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ate rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St.

CERTIFICATE

Means of injury

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St., Baltimore 915	91	000411				
E OF DEAT	H	Reg. Diat. No	******************************			
City or town(12 outs	ide city or town limits. (If rural, give I	write RURAL and give near	est town)			
		3. (b) Social Security 1	Vumber			
	MEDICAL CE	RTIFICATION	Park.			
20. DATE OF DEATH			. 21			
		e stated; that I attended decea				
1 1		, to				
and that I fast saw h	alive on		19			
Immediate cause of deat	h	• • • • • • • • • • • • • • • • • • • •	DURATION			
bioi	ian (Celusin	10 m			
Duesto						
	,					
Other conditions	01.000000000000000000000000000000000000	***************************************	***************************************			
(Include pregnancy within 3 months of death)						
		Date of op				
Autopsy results PHYS1CIAN: Please und	lerline the cause to whi	ch death should be charged	statistically.			
22. VIOLENCE: It death	was due to external caus	es, fill in the following;				
Accident, suicide, or homi	lcide	Date of				
Where did injury occur? (City or town) (County) (State)						
	()					

Injured at home, farm, Industry, public place (where?)

Injured at work?

.. Date signed Q

Hospital, Institution, or street address where death occurred: How long in hospital or institution?..... If less than one day Months 10. Usual occupation. 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name Address 17 (Burial, cremation, or removal, Which?) (month) (day) (year

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH	Reg. Dist. No. 57
1. PLACE OF DEATH: County	City or town (If outside city or town limit) Street No. (If rural gi	of mother) CountyBaltimas Parks_(Australia No , write RURAL NEAR and give town)
3. (a) FULL NAME Franklin P. Park	les	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL C	ERTIFICATION 45 19 19 19 19 19 19 19 19 19 1
8 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date and that i last saw how alive on the last saw how	Cleting. Buration Buration Buration
17. Busial Date thereof James (6, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory Personal Church Location Sparles The Courable 18. Funeral director Canada The Courable Address Sparles The Cour	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	n) (County) (State)
19. June 5, 1945 Wilmer C.Ensor (Date rec'd by registrar) Registrar	Address Electeratoria	M. D. or other Date signed

JUN 7 1945 BUPEAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 163.74 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newboru infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town How long in above place of death? 10 Lycan (If ontside city or town limits, write RURAL and give nearest town) Hospital, Institution, or streel address where death occurred: death clearly 2514 YAR W Street No. (If fural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number ARSON 3 of 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION 40 FOR BINDING Jo 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended decsased from 6.(b) Nama of husband or wife 7. Rirth date of deceased (mo., day, yr.) DURATION Supply Mosths Days If less than one day 8. AGE: MARGIN RESERVED Physicians: please 9. Birthplace (Town, county, and atate) 10. Usual occupation 11. Industry or business important. (Iuclude pregnancy within 2 months of death) Major findings of operations ... 15. Birthplace especially 16. Informant PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide (Bnrlal, cremation, or removal, Which?) Where did Injury occur? ... WRITE Cometery or crematory (City or town) injured at home, farm, industry, public place (where?) Location Means of Injury / Mue 18. Funeral director LEASE Address

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

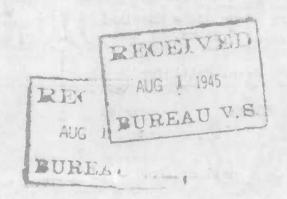
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DI	EATH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		Le	RURAL and give nearest town)	State Maryland Cour	Prince (eorge's
How long in above place Hospital, Institution, of Spi	e of death?	ears,, leath occurre State	29 days d: Hospital	City or town Laurel (If outside city or town limits Street No	, write RURAL and give nes	arest town)
3. (a) FULL NAM					3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	ile, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married	2D. DATE DF DEATH. June 29	19.45	12:35a M
6.(b) Name of husband or wife Alice Reech 5.(c) If alive, give age ? years 7. Birth date of				21. I CERTIFY that death occurred on the date above May 31 19.5 and that I last saw h.im alive on	38 _{to} June 29	19.45
deceased (mo., day,	yr.) APP1	1 2, 1	1893	Immediate cause of death		
8. AGE: Year		Days 27	If less than one day	Right lower lobe	, terminal	3 days
9. Birthplace Paris, France (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Farm				pneumonia Due to Chronic hyperter Vascular disease with Due to Carditis	chornic myo-	Indef.
12. Name	?			Other conditions		
14. Maiden name	?			Major findings of operations		
16. Informant	Hespita	l reco	ords	Autopsy results As above		
Address			Balto28. Md.	PHYSICIAN: Please underline the cause to whi		
17				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did injury occur?(City or town)	Date of	
LocationCa	tonsville	28M	rvland	Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director Spring Grove State Hospital Address Catonsville 28, Maryland				Moans of injury 23. SIGNATURE ROBERT E. Gardine	Hardus at work?	Ju.00
19. (Date rec'd by r	7/2/19 45 existrar)	S.	who does person	L'OTANGETI LA MO	lto 28 Date signed.	7/20/45



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



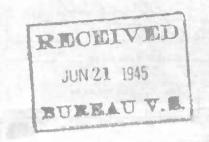
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CERTIFICATE OF DEATH

Reg. Dist. No. 4/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	and and
City or lowe	State County County
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
Hospital institution, or etroet address where death occurred:	Street No. 1308 Tr. Ja Jayelle and
MAT I WATER TO THE	(If rural, give LOCATION)
How long in Maspital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Faft Pe	3. (b) Social Security Number
4. Sex 5, Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Caf marner	20. DATE OF DEATH 20. 1945 at 2 P. M
6.(b) Name of husband or will have the company of t	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18
7. Birth date of deceased (mo., day, yr.) 9-11-1920	and that I last saw halive on
8. AGE: Years Month's Days If tess than one day	Immediate cause of death
24 9 6min.	
C IF A D.	
9. Birthplace Outh Carolina (Town, consty, and state)	Due to
10. Usual occupation. Labores.	
	Due to
11. Industry or business	
E 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Massue Falson	Major findings of operations.
14. Maiden name Wassie Statson 15. Birtholage - S.C.	Date of on
16. Interment Limothy Glerm	Autopsy results.
Address 740 Potech Orchard Lane	PHYSICIAN: Please underline the cause to which death should be charged statistically.
8 1)	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremption, or removal—Which?) (Burial, cremption, or removal—Which?) (Burial, cremption, or removal—Which?)	Accident, suicide, or homicide College Date of 91/1/40.
Cemeter or cremany Umnoloro Censely	Where did Injury occur? (City or town) (Country) (State),
Location Mysusboro South Carolina	injured at home, tarm, industry, public place (where?)
18. Funeral direct Stallians a Jackson	Means of Injury Showing. injured at work?
Address 9/6 Perma and Bellimo - 1 Mil	23. SIGNATURE Molarmana S.D.
19. (Dato ree'd by registrar) Registrar	Deputy madeen the
1 Programme	Address

REPUBLICATE DE BRETTISO



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95

05845

CERTIFICATE OF DEATH

			0	2
Reg.	Dist.	No.		

1. PLACE OF I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)		
City or fown O	wings Mil	S mits, write RURAL and give nearest town)	State Maryland Coun	Baltimore	
How long in above pi	If outside city or town li lace of death?	year	City or town. Owings Mills (If outside city or town limits, write RURAL and give uearest town) Street No. (If rural, give LOCATION)		
		9			
and the second second		=	2.(a) If veteran, name war		
3. (a) FULL NA					
0. (0) 1022 10		Smith Pierce		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(α)Single, married, widowed, or divorced W		ERTIFICATION	
6.(b) Name of husband or wife Minnie Tracey Pierce 6.(c) If alive, give age			21. I CERTIFY that death occurred on the date about	re stated; that I aftended deceased from	
7. Sirth date of deceased (mo., da	July	25 - 1367		6- 19.445	
	ears Months 77 10	Days If less than one day 13minsmin.	Immediate cause of death		
9. Sirthplace Butler - Balto Co - Md (Town, county, and state)			Oue to		
10. Usual occupation	N	Blacksmith	Oue to		
12. Hame	Caleb Pie Unknown	rce	Other conditions	De Company	
14. Maiden nar		1	(Include pregnancy within 3 m		
≥ 15. 8irthplace	Unknown			Date of op	
18. Informant		l Gaugh ton Ave Balto Md	PHYSICIAN: Please underline the cause to wh	ich death shuntd be charged statistically.	
17. Bull	ion, or remayal. Which?)	Oate thereof June 11 194	22. VIOLENCE: if death was due to external caut Accident, suicide, or homicide	Oate of	
		Cemetery	Where did injury occur?(City or town)	(County) (State)	
Location	Reiste	rstown Md		ere?)	
		ryman & Sons	Means of Injury	Injured at work?	
Address Reisterstown Md			23. SIGNATURE D. D. Caple	M. D. or other	
19. Date rec'd by	10 19 4 S. registrar)	Elary B Stune Registrar	Address Reisterstown, Jud. Date signed 6-9-45		

CHILLIFY OF DESCRIPTION OF THE CHILLIPS

NUN 12 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (508)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2 HOUSE DECEMBER (FIGNATION OF DESCRIPTION
County Laste was old	2. USUAL RESIDENCE (HOME) OF DECEASED: (For person infants give residence of mother)
Crak a - VIO	1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(If outside city or town limits, write RURAL and give nearest town)	State County County
Now long In above place of death?	(If outside city or town) imits/write RURAL and give nearest town)
Hospital, tastitution, or street address where death occurred:	non like the
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	11:
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Innie Fool-	Aone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timale Mut Theyon	Juno/ 14 1/5 1/30
Charles Charles	20. DATE OF DEATH 19 21. I GERTIFY that death occurred on the date above stated: that tended deceased from
9.(b) Name of husband or wife Scientific Sci	Dec 4 1944, June 13 19 45
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Italie on June 13 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
92 3 H hrs. min.	arenoma of Co Cott anni ord, 4000/1
(Authorite mill	and the second and th
9. Birthplace (Town, county, and atate)	Welastasis!
1D. Usual occupation Thursday	Due to
11. Industry or business	Chronic astheria
E 12. Name Marles Juney 13. Birthplace	Other conditions Inantion
	(Include pregnancy within 8 months of death)
14. Malden name AMANUMO 15. Birthplace	Major findings of operations.
≥ 15. Birthplace	Date of op.
19. Informant Herry	Autopsy results
Address 7801 Och he Sorpville me	PHYSICIAN: Ptease underline the cause to which death should he charged statistically.
The Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Jackynny	Injured at home, farm, Industry, public place (where?)
19. Funeral director	Means of Injury tnjured at work?
Address 12/1 It Foul of	23. SIGNATURE X - V. Harlold M.D.;
19. June 16 19 45 G. W. Eggler Registrar	Address 470 6 Harfard Roade signed 6/14/45
4-1.1	

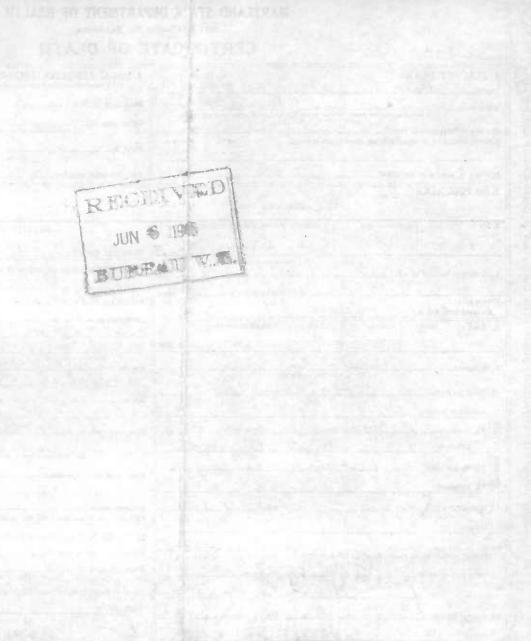
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05847

CERTIFICA	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County County (If ontside city or town limits, write RURAL and give nearest town) Street No. (If retail, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Clara J. Pu	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 4.5. et 6:30 P. M
6.(6) Name of husband or wife	
8. AGE: Yeers Months Days If less than one day 8 2 6 7	Duration cause of death DURATION Derebya Vernorthage Say Bue to Figure Cardin 7 ms
(Town, county, and state) 1D. Usual occupation	Due to.
12. Name Joshua Jue 13. Birthplace Balto Co. md 14. Maiden name Elizabeth Kalley 15. Birthplace Balto Co. md	(Include pregnancy within 8 months of death) Major findings of uperations.
16. Informant Ban Shart Co. Md. Address Phoneum Balto Co. Md.	Autopsy results
17. (Burial, eremation, or removal. Which?) Cematery or crematory.	22, VIOLENCE: It death was dua to external causes, fill in the following; Accident, suicide, or homicide
Location Branchetan, and Ruca 18. Funeral director Sandan	Injured at home, tarm, industry, public place (where?)
19. June 4 19.45 Onna Price Registrar	23. SIGNATURE FOR TO THICKSOUTH M. D. or other M. D



MARGIN RESERVED FOR BINDING

18. Funeral director Address

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALT

23. SIGNATURE

DURATION

(County)

Injured at work?

(State)

M. D/or other



MARYLAND STATE DEPARTMENT OF HEALTH

05849 P

	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM H. RICE 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. OATE OF DEATHJune 22, 1945
6.(b) Name of bushes of wife. Mr.s. Lilly Rice 7. Birth date of deceased (mo., day, yr.) May 29, 1884 8. AGE: Years Months Days If less than one day 61 23	21. I CERTIFY that death occurred on the date above stated; that I attended deceared from June 21. 1945 19 10 June 22, 1945 19 and that I last saw h.im. alive on June 22, 1945 19 Immediate cause of death DURATION Coronary Occlusion Due to Hypertension and Coronary Arteriosclerotic heart disease 3 Yrs. Dus to Due to D
12. Name George Rice 13. Birthplace 2 14. Maiden name Elizabeth Cornell 15. Birthplace 2 2 2 3 3 3 3 3 3 3	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant Clinical Records, Vets. Adm. Fac. Address Fort Howard, Maryland 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland Location 18. Funeral director. A. Howard Evans Address 1400 S. Charles St., Balto., Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
19. 623 145 Hw. /Le Urus (Date ref'd by registrar) D'M Registrar	A.M. BALTER, LT. COL., M.C. CPRPSTUIR. Address Fort Howard, Md. Date signed 6-22-45

PLEASE WRITE PLAINLY, WITH CA VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH



05850

				TE OF DEAT		Reg. Dist. No	
City or town(II How long in above pla Hospital, Institution,	Pikesville f outside city or town I ce of death? or street address where	amits, write death occurre	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
3. (a) FULL NAI		RRIE M	AY RICHMOND			3. (b) Social Securit	ty Number
4. Ser Female	5. Color or race White	6.(a)Sing	le, married, widowed, or divorced Married	20, DATE OF DEATH		ERTIFICATION	5 at 4 a.
6.(b) Name of husband or wife			326	alive on	my 7	US 19 4 5	
78 1 20 hrs. min. 8. Birthplace Maryland (Town, county, and state) 10. Usual occopation. Housewife. 11. Industry or business			00				
12. Name Joseph Stockett 13. Birthplace Md. 14. Maiden name Bliza Williams 15. Birthplace Md.				Other conditions(Include p	regnancy within 3 n		
Mr. James M. Richmond, Sr. Address 4201 Milford Mill Rd., Pikesville Burial 6/11/45			Autopsy results	line the cause to wh	ich death should be charge	ed statistically.	
(Burial, cremation, or removal. Which?) Cemetery or crematory Balto., Md.				Where did injury occur? tojured at home, tarm, indus	(City or town)	pere?)	(State)
18. Funeral director WM. J. TICKNER & SONS Address Balto., Md. 19. (Date reg'd by registrar) Registrar			Means of Injury 23. SIGNATURE. Address. 7 3 5	mur N Jull	Injured at work? M. I. MANA Date signe	ILM D. or other	

Reg. Dist. No. 5851

CERTIFICATE OF DEATH

1. PLACE OF DEATH (a) County Saltimore	2. HOME (USUAL RESIDENCE) OF DECEASED:		
	(a) State		
(b) City or town (If outside city or town limits, write RURAL and give town)	(c) City or town BALTIMERE		
(c) Street address, hospital, or institution: MT. PLCS T SANATORIUM	(If outside city or for a limits, write RURAL at		
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days	(d) Street No. 4221 Pack Height	SAVE	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	very V	
3(a) FULL NAME TO	(c) it totalgar both, now long in a both in	y cars	
Joseph Bizin		75	
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	E'	
No. 431-03-040	20. Date of death June 10, 1945, at	7.35 PM	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated;		
divorced married	ed deceased from MARCH 27, 1945, to June	10, 19 45,	
6 (b) Name of husband or wife ESTHER RIZINSKY	and that I last saw him alive on June 10, 19 Y.		
6. (c) If alive, give age 39 years	Immediate cause of death	Duration	
7. Birth date of deceased (mo., day, yr.) Sept. 15, 1905	multiparde Trailing		
8. AGE: Years, Months Days If less than one day	Due to		
39 8 25hrmin.	Delina and Tules	- stuce	
9. Birthplace CHORSNE Russia	Les adoansel	7.64	
(Town, county, and state)	Other conditions		
10. Usual occupationW.ATCHMAKER	(Include pregnancy within 3 months of death)	PHYSICIAN	
Man Die Die	Major findings:	Underline the	
12. Name Russia Z 13. Birthplace Russia	Of operations	death should be	
	Of autopsy	charged statisti-	
14. Maiden Name ANNA DORFMAN 15. Birthplace Russia	20.16.1		
	22. If death was due to external causes, fill in the follow (a) Accident, suicide, or homicide		
16 (a) Informant EsTHER RIZINSKY	(b) Date of occurrence		
(b) Address 4221 PARK HEICHTS AVE	(c) Where did injury occur?		
(Burnl, cremation, or removal) (Burnl, cremation, or removal) (Burnl, cremation, or removal)	(City or town) (County) (d) Did injury occur about home, on farm, industrial pl	(State)	
(c) Cemetery or craptatory	place?While at work?)	
Location QU OU QUY	(Specify type of place)		
18 (a) Funeral director Latelly Terris DIC	(e) Means of injury		
(b) Address 1439 & Balto St	23. Signature DR. ALBERT F. Shrie	r	
19 (a) (b) the rec'd by registrar) Registrar	Address MT. PLCASANT SANTBate signed	Tue lo 194	
	RIGIM, REISTERSTOWN, MD		

H UNFADING INK. Every ifem of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, Wr correct age is especially important.

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d INK. Supply every item of information carefully. The correct age clans: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	FE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: 3 alta	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give hearest town)	State Mid County Balts
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. 732 8 00 18 19 19 19 19 19 19 19 19 19 19 19 19 19
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, plarfied, widowed, or divorced	
Fi W. Massiel	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wife of Kenneth Rocess	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) seely 12 - 1889	and That Llast saw h. alive on 19.77
8. AGE: Years Months Days If less than one day	mmediate cause of death DURATION DURATION
9. Sirthplace Eagel Pa	& Centraly Il https://www. 13 Mos
(Zown, county, and state)	Due to
10. Usual occupation	Due to
12. Name ## assay & Reets 13. Birtholace Pa	Other conditions
	(Include pregnancy bythin 3 months of death)
14. Maiden name Elizabett Deary 15. Birthplace Pa	Major findings of operations arcumomi / Digmord
16. Informant & Remett Ropers	Antopsy results NOIVC.
Address 1752 Brookriew RL	PHYSICIAN: Flease noderline the cause to which death should be charged statistically.
(Burial, cremation, or remogal, Which?) Date thereof (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Farmers Visighting Co	Where did injury occur? (City or town) (County) (State)
Location Glermure Cc	Injured at home, farm, industry, public place (where?)
16. Funeral director Colonia France France	Means of injury injured at work?
Address Look Chleum	23. SIGNATURE / SIGNATURE / Davin m.v.
19	Address Dundaux V Juf Date signed 18/6 J.

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

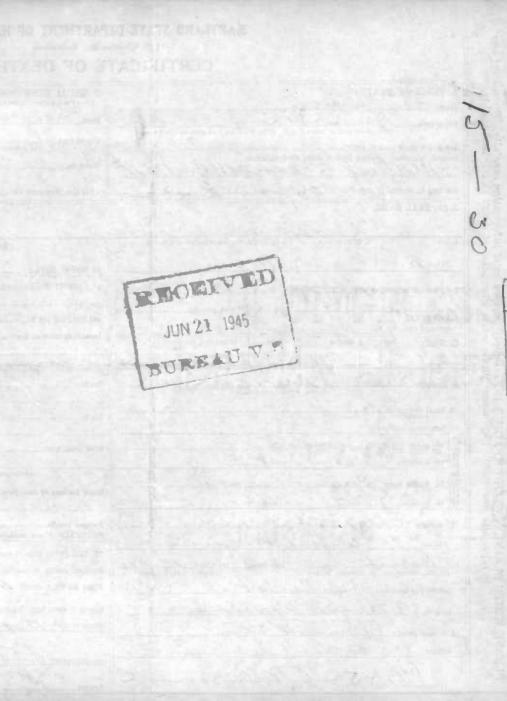
2411 N. Charles St., Baltimore

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- 4				1	II.

CEDTICICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State Couety City or town Cit outside city or town limits, write RURAL and give nearest town) Street No. 2.3.3.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Thomas Juseph Kag	3. (b) Social Security Number 217-07-9363
4. Sex 5. Color or race 6.(a) single, married, widowed, or divorced make the gromanied	MEDICAL CERTIFICATION 20. DATE DF DEATH 30 N
B.(c) Name of husband or wife. Supplied that the St. Regus. B.(c) If alive, give age year 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19
8. AGE: Years Months Days If less than one day 3 9 14hrsmin	Immediate cause of death
9. Birthplace District Carolina (Town, county, and state) 10. Usual occupation Parter	Due to.
11. Industry or business 12. Name Charles Ragins 13. Birthplace North Carolina	Due to
14. Maiden name. Roth Dawning. 15. Birthplace Warth Caralina	Major hudings of operations
16. Interment & Singabetth IV. Rangers	Autopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Cemetery or crematory Many Carthelian Carthe	Where did injury occur? (City or town) (Sunty), (State)
18. Funeral director. Charles Kantana Address 802-04 madeson avenue	Moore of lating 92 4 4 4 1 Injury of work? 3(1).

Address.....



2411 N. Charles St., Baltimore 93-

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CERTIFICATE OF DEATH

n	D: 4 N		

~ '					Reg. Dist. No	***************************************	
1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	OF DECEASED:		
County Ba			•••••••••••••••••••••••••••••••••••••••				
City or town	Fort Ho	ward	RURAL and give nearest town)	State Maryland Co	unty	***************************************	
			·v······	City or town Baltimore	s, write RURAL and give neares	+ town)	
	or street address where			Street No. 1703 Guildord			
Vets. Ad	m. Fac. For	t Howe	rd, Maryland	Street No	LOCATION)		
			***************************************	2.(a) If veteran, name war.			
3. (a) FULL NA				11 -1(-)// (30-12)			
J. (a) PULL NA	WILLIAM	A. RO	SE		3. (b) Social Security Nu 219-01-3044	mber	
4. Sex	5. Color or race	6.(0 Sin	gle/married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	White			20, DATE OF DEATH June 4,	194521	2:15 A.	
				24 I CERTIEV that death accounted on the date of			
7 Diak dal4		6.	(c) If alive, give ageyear	and that I last saw h im alive on Ju			
deceased (mo., da)	V. YI.) 12-24-1	1892					
	ars Months	Days	If less than one day	Immediate cause of death	age .	DURATION	
	52 5	9	hrsmin				
9. Birthplace	Virgini	a county and	state)	Que to			
	Theetwise	7 Ruei	ness & Bookkeeper	Hypertension			
10. Usual occupatio	r41128241"#WW	TKWOT	masscnouskeaper	Due to		•••••	
11. Industry or bustn							
				Other conditions			
13. Birthplace	West Virgi	nia					
E	Ella J.	Blanch	ard	(Include pregnancy within 3			
14. Maiden nam 15. Birthplace	North Ca	roline	***************************************	Major findings of operations	Major findings of operations		
≥ 15. Birthplace		- 01 1110		Antopsy results			
16. Informant	Clinical Re	cords.	Vets. Adm. Fac.				
F	ort Howard	_		PHYSICIAN: Please underline the cause to w	hich death should be charged stat	tistically.	
ADDIESS				22. VIOLENCE: If death was due to external can	uses, fill in the following:		
(Burial, cremation, or removal, Which) Oate thereof 6 8 45 (mgn/f) (day) (vofr)				Accident, suicide, or homicide	Qate of		
(Burial, cremation, or removal, Which?) Cemetery or crematory Baltmuore Matsonal Center (month) (day) (ve/ar)					Where did Injury occur? (City or town) (County) (State)		
Cemetery or crem	atory at white	ice pa	1 0 1				
Location	walles	120	J CHT.	Injured at home, farm, industry, public ptace (w	vhere?)		
	Q. 100	alla	1	Means of Injury	injured at work?	767	
18. Funeral director	11/1/	1 - 1	120) . 0-		
Address 4	-647	four	- ica.	- Diguarine Jahren W.	Leisen XX M	ic Aus	
60-	& ust	-	1.11/x/sla	SIGNATURE	M. D. or o	ther	
19. (Date rec'd by	registrar)		Registra	Address tork Howard	Md. Date signed 6	15145	

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

* 05855 Reg. Dist. No. 30

1. PLACE OF DEATH: ,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Baltimare	State Ma County Balto		
Cily or town			
How long in above place of death? 3 days 14/2 hrs	(if outside city or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred:	Street No. 2246 Eutawa Place		
How long in hospital or institution? 3 days 141/2 hrs.	(If rural, give LOCATION)		
	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Max L. Rosenfeld			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male White married	20. DATE OF DEATH 6-17-45 19 19 19 19		
B.(b) Name of husband or wife Rose Rosen feld	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
	6-13-45 19 10 6-17-4519		
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
6.7	Gerelorse Hrmorrhage 2 mon		
0/			
9. Birthplace	Due to CONTONIO		
10. Usual occupation DESTRACT			
11. Industry or businesa Clothing Factory	Due to		
	Janes Psychons (mon		
12. Name VI E. G. E. T. ASEN FEJ S. 13. Birthplace P. U.S. S. G.	Dither conditions Alexander		
	(Include pregnancy within 3 months of death)		
14. Maiden name Rebe Unknown	Major findings ol operations.		
	Date of op.		
18. Interment Mrs. Moward Plant daught	Balopsy results.		
Addres 2246 Extaur 18 2d . 7813 R.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Devrial Date thereof 6 - 17 - 45	22, VIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, cremation, or removed. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematery	Where did injury occur? (City or town) (County) (State)		
Location Stapulton ave	Injured at home, farm, industry, public place (where?)		
18. Funeral director fack, Lewis, one	Meana of Injury Injured at work?		
Address / 439 & Balt Set	Jan Do Good of		
Address 1 10 10 10 10 10 10 10 10 10 10 10 10 1	23. SIGHATURE M. D. or other		
19. 6/17 19 45 10-6 1 10 160	Jelon viece min 6.67		

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PLEASE

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1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-8

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CERTIFICATE OF DEATH

7			
Par Dist	No	33	

Counly Dartimore Cily or town. Restauran (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospilal, Institution, or, street address where death occurred: 20 Woodless Wee.	(For newborn infants give residence of mother) State
Frederick Rudolph.	3. (b) Social Security Number
M. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced 1. W.	MEDICAL CERTIFICATION 20. DATE DF DEATH
B.(b) Name of husband or wife acceled Grace Rudolph. 5.(c) It alive, give age Deceased years deceased (mo., day, yr.) Flow. 14, 1861	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19.45 and that I last saw h 22. 2live on 19.45
8. AGE: Years Months Days it less than one day	Immediate cause of death DURATION 2/2 43
9. Birthplace Dont Know. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Dont Know 13. Birthplace Dont Know	Due to Dither conditions Prostlatic Hypertryly 2 yre.
14. Maiden name Dont How 15. Birthplace Dont Know 16. Informant William Rudolph. Address 20 Woodley Ove. Riverstown	(Include pregnancy within 3 months of death) Major findings of operations
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Location Reis ters town, md 18. Funeral director, 2m. Berryman & Sons	22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide
Address Ructeration, mf. 19. June 18 19 45 Dary B. Eline. (Date ree'd by registrar) Registrar	23. SIGNATURE D. D. Caples, M. D. or other Address Reisterstown Ind Date signed 6-18-45

MEDITA OF PRACTICAL OF BRAINS

REPORT VED 1945

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deliding the underlying cause to which the death should tharged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

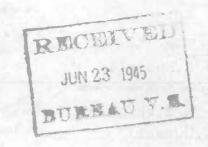
2411 N. Charles St., Baltimore 946



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CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH:		(For newborn infants give residence of	mother)	
			State Md Cou	Balto.	
		nits, write RURAL and give nearest town)			
How long in above place	of death? 63 y	rs	City or town Reisterstow: (If outside city or town limit	s, write RURAL and give nes	arest town)
Hospital, Institution, or	street address where d	eath occurred:	Street No. 19 Hanover Ros		***************************************
				LOCATION)	
			2.(a) It veteran, name war		
3. (a) FULL NAME	Raymo	and R,Russell		3. (b) Social Security 218-01-673	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH	7 19. <i>H</i> .5	, at 8 9, M
	Maude	J.Russell	21. I CERTIFY that death occurred on the date eb	ove stated; that I ettended dece	eased from
and the second second			10-18-19.	44 to 6-19	19. 45
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw hallve on	-17	19 445
deceased (mo., day, y	n July 28		Immediate cause of death		OURATION
8. AGE: Years	Months 10	Days It less than one day 22 hrs. min.	angina Pech	aria.	8 mo.
10.	n] to Co				** 08880::::::::::::::::::::::::::::::::
9. BirthplaceBa	(TOMIL)	county, and state)	Due to		
10 Henry occupation	Manager S	ocial Security Dept	•		100000000000000000000000000000000000000
The state of the s		ated Engineering Co	006 10		1
the same of the sa		ssell	Other conditions		
		RD.C.L.L.			
13. Birthplace	cenna.	75 3	(Include pregnancy within 3	months of death)	
14. Malden name.	Catheri	ne Ducker	Major fiedings of operations	***************************************	
15. Birthplace	Balto.Co	•	Major fiedings of operations.	Date of op.	
14. Malden name. 15. Birthplace 18. Intermed.	ude J.Rus	sell	A -town		***********
T) o	isterstow		PHYSICIAN: Please underline the cause to v	which death should be charged	statistically.
Thursday .			22. VIOLENCE: If death was due to external ca	auses, fill in the following:	
Burla.	, or removal. Which?)	Oate thereof June 22, 1945 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
		ints	Where did injury occur?(City or town)	(County)	(State)
			Injured at home, tarm, industry, public place (whore 2)	(())
LocationBa	alto.Co.			Injured at work?	
18. Funeral director	I F Eline	& Sons	Means of Injury	injured at nork!	
	sterstown		900	16. Za.	2
-			23. SIGNATURE & S	M. D	or other
19. Date rec'd by re	2 2 19 4.5	Mary B. Elide Registrar	Address Reseterator	un Jud Date signed	6-21-345



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HEALTH DEPARTMENT

MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore (33)

05860 42

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Balto
How long in above place of death? / j.f.s.	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8 7 1 7 Wt M de // A y e
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles O. Seiler 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Male White Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH June 19 43- 11 2-5 P.
8.(b) Name of husband or wife A M M Je M. Seiley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
******	gass 1 1945, 10 6/1/ 19 508
7. Birth date of deceased (mo., day, yr.) Sept. 5th 1866	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Desiles Duration
78 8 6nrs.	nin.
9. Birthplace Ge Y M. C. M. (Town, county, and state)	Due to
10. Usual occupation Baker	
11. Industry or business	Due to
E 12. Name Lawis F. Seiler	Dther conditions
13. Birthplace Germany	(Include pregnancy within 3 months of death)
14. Malden name	
2 15. Birthplace	Date of op.
16. Informant Pareline Black burn	Antopsy results
Address 8717 Blendell Ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereol	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Bace dent, suicide, or homicide
Cemetery or crematory M. t. Carrie	Where did injury occur?
Location Balto. Md	Injured at home, tarm, industry, public place (where?)
18. Funeral director Lassahn Lineal Ham	Means of injury Injured at work?
Address 7401 Belair Rd	1. Ose / A.
19 June 13 1945 Juno 9. 4 Reifon der	23. SIGNATURE
(Dato rec'd by registrar) Registr	rar Address

JUN 15 1945 BURRAU V.

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The co-especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Plon

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Address Date signed left que

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 26
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME dlenver Clay S	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divided	MEDICAL CERTIFICATION 20. DATE OF DEATH WE 19 19 19 19
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
8 1 10hrsmin.	Life Parietal 30 mm
B. Birthplace	Due to. Due to.
11. Industry or business 12. Name Selva Segments 13. Birthplace Na.	Other conditions
14. Maiden name. Ava Jenctur 15. Birthplace H. Va.	(Include pregnancy withfu 3 mouths of death) Major findings of operations
16. Informant Below Digger Address 7 6. Misland Rd.	Antipsy results
17. Compared to the second of	22. VIOLENCE: If death was due to external causes, fill'in the following: Accident, suicide, or homicide. Where did Injury occur? 1.C + 0.R + V.L.L.A - 13.12.L.L. Md.
Location Julian A. Va.	Injured at home, (app, Industry, public place (where?) In I ARA Means of injury TILL How TILL injured at work?
Address 4 & Castern are. Brief	means of thirty for the form of the first form o
19. 6/21/ 19. 45 Hon S. Connelly (Date ree'd by registrar) Registrar	23. SIGNATURE ASSYSTEM, Meg. Exam - Bur J. C.M. D. grother, Address. A 1111 au C. XX. M. A. Date signed (151.0.14).

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.__

M. D. fr other

Date signed 6

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) County Ballo	(a) State July (b) County (balls
(b) City or town (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town (if outside city or town limits, write RURAL and give town)
	(1)0 0 000
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. (If rural give location)
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME Mary Jane Simon	201
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION
No.	20. Date of death June 12 19 45, at 3 P M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. 1 certify that death occurred on the date above stated; that I attend-
F. Widowed Widowed	ed deceased from 11 1945, to June 12 1945,
6 (b) Name of husband or wife auchieur	and that I last saw him alive on June 12 19 45.
Serves 6. (c) If alive, give age years	Immediate cause of death Sersel Compelety Duration
7. Birth date of deceased (mo., day, yr.) Opil 29, 1863	f 3 days
8. AGE: Years Months Days If less than one day	Due to Merio silesofie
82 / 15hrmin.	Cardin-Vasinla disease
9. Birthplace Balto. Co. Mid	Due to
(Town, county, and state)	Other conditions Servelty
10. Usual occupation at tome	(Include pregnancy within 3 months of death) PHYSICIAN
11. Industry or business	Major findings: Underline th
12. Name & Was Burton 13. Birthplace Balto 60 Miles	Of operations cause to whice death should be
	Of autopsy charged statist
14. Maiden Name This Towler 15. Birthplace Salto Co. 240	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
(b) Address Missible Priver Ind	(b) Date of occurrence
B . 1 / 1-11	(c) Where did injury occur?
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory Maugh 6 hape	place?While at work?

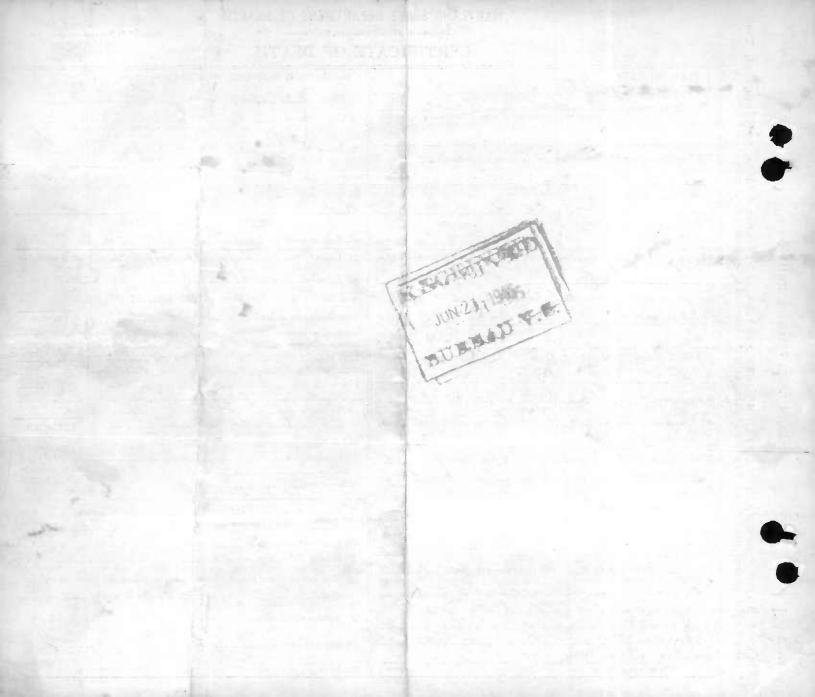
(e) Means of injury

23. Signature

Address

18 (a) Funeral director Lasaa

Date rec'd by registrar)

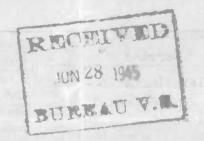


2411 N. Charles St., Baltimore CEDTIFICATE OF DEATH 05863

CERTIFICAL	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 26 days Nospital, institution, or street address where death occurred: Vets. Adm. Fac. Ft. Howard, Md. How long in hospital or institution? 26 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME. I.ouis Simone	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH June 24, 1945 19 21 4:30A
6.(b) Name of his band or wife. Mr.s. Beulah Simone 6.(c) If alive, give age. 45 years 7. Birth date of deceased (mo., day, yr.) 2-8-98??	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 19.45 and that I last saw h.i.m
8. AGE: Years Months Days If less than one day 47 4 14 hrshrsmin.	Tumor of Superior Mediastinum, 3 mos
9. Birthplace Italy (Town, county, and state) 10. Usuat occupation Watkins Dealer 11. Industry or business	Due fo
12. Name Anthony Simone Italy	Dither conditions
Harie ? 14. Malden name Marie ? 15. Birthplace Italy	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Clinical Records Vets. Adm. Address Fort Howard, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following;
17. Burial Date thereot. 6/27/45 (month) (day) (year) Cemetery or crematory Parkwood Cemetery	Accident, suicide, or homicide
Location Baltimore, Maryland 18. Funerat director Lessahn Funeral Home	Injured at home, tarm, Industry, public place (where?) Meens of Injury Injured at work?
Address Baltimore, Md. 19. June 2 5' 19 45° Dawson Franks (Doko rec'd by registrar) Registrar	23. SIGNATURE A. M. BALTER, IT. COL. M.D. ENGINEDIR. Address Ft. Howard, Md. Date signed 6/24/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 457

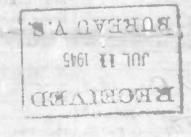
CERTIFICATE OF DEATH

0586438

02.00.11.10.11.	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
Hospital, Institution, or street address where death occurred: Mercy Villa, Bellona Ave.	Street No. 116 Enfield Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME OSCAR T. SMITH	3. (b) Social Security Number 212-18-5858
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white divorced	20. DATE OF DEATH June 9th, 19 45 at 11:45A
6.(b) Name of husband or wife Edna Bradshaw Smith 5.(c) If allve, give age years deceased (mo., day, yr.) May 19th, 1869	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4.5. and that I last saw h. Land alive on
8. AGE: Years Months Days It tess than one day 76 0 23 hrsmin,	Immediate cause of death OURATION Carcinoma of hurst polate & mo
9. Birthplace	Due to.
10. Usual occupation Printing 11. Industry or business Stationery	Due 10
12. Name Louis L. Smith	Other conditions
14. Malden name Nancy Green 15. Birthplace N. C. 18 Informant Mr. Oscar T. Smith. Jr.	(Include prognancy within 8 months of death) Major findings of operations alless at a constant of least and the constant of t
16. Informant Mr. Oscar T. Smith, Jr. Address 116 Enfield Rd., Balto., Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. burial (Burial, cremation, or removal, Which?) Date thereof 6/13/45 (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, filt in the following: Accident, suicide, or hemicide
Location Durham, N. C.	Where did injury occur?
18. Funeral director Lussalin Puneral Home	Means ot injury Injured et work?
Address 7401 Belair Road	A3. SIGNATURE Francis W. Gluck M. D. of other
19	



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (934) CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The co (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i ARGIN RESERVED FOR BINDING 20, DATE OF DEATH. ADING INK. Supply ever Physicians: please write 7. Birth date of deceased (mo., day, yr.) Immediate cause uf death tt less than one day Years 8. AGE: 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of uperations..... 15. Birthplace PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE ate rec'd by registrer)



HITCHE OF CENTER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /34.)

U5866 P

CERTIFICATE OF DEATH

*/	ERTH ICALI	L OF DEATH	Reg. Dist. No	3
1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
City or town Towson Maryland (If outside city of from limits) its RURAL and g	rive nearest town)	State Maryland	County Balling	щ
How long to show whom of death? Alegate Williams	30 16145-	City or town (If outside city or town in	imits, write RURAL and give no	arcst town) .
Hospital institution, or street address where death occurred: Eudowood Sana torium, Towso		Sireet No. (12 peral,	give LOCATION)	> > > > 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	ay 30/945 T	2.(a) If veteran, name war	***************************************	**********
3. (a) FULL NAME Lewel Gilbert	Sparks		3. (b) Social Security	Number
4. Sex 5. Color or rice 6.(a) Single, married, wide	ower, or divorced	MEDICAL	CERTIFICATION	
male while marry	gd ,	20. DATE OF DEATH. MALL	le 1945	16:40 PH
6.(b) Hame of husband or wife	erke	21. I CESTIFY that seath occurred on the date		ased from
7. Birth date of deceased (mo., day, yr.) Sure 26, 159	9	and that I last saw has a alive on	mere J. G	
8. AGE: Years Months Days If less than	n one day	Immediate cause of death		DURATION
Hold by	hrs. min.	Inlusurary to	abercularis	
9. Sirthplace (Town, county, and state)	a My	Due to	***************************************	Since
tD. Usual occupation full Management		Due to		1944
11. Industry or business	s- Vast	***************************************		
12. Name Militaria. La Allandaria. 13. Birthplace Militaria. Militaria.		Other conditions		***************************************
14. Maiden name Mary Jarane	*************	(Include pregnancy within		
2 15. Birthplace Muster Ma		Wajor findings of operations		, go o o o o di o o di o o di o o o o di o o o o
t 6. taforman t	ar records	Autopsy results	72.7	
Address Eudowood Sanatorium Tow	vson 4 Md.	PHYSICIAN: Please underline the cause to		
17 Burial Date thereof 6 -	7 7 7 0	22. VIOLENCE: If death was due to external	in the second se	
/h . 0 / -122		iccident, suicide, or homicide		
Cemetery or crematory		Where did injury occur?(City or tow	n) (County)	(State)
Location Allah		njured al home, farm, industry, public place		***************************************
18. Funeral director.		Neans of Injury	Injured at work?	
Address 5305/ Harford	Rd.	a lillian	. allisid	211

Registrar

Towson & Maryland

N

6 -8
(Date rec'd by registrar)

2411 N. Charles St., Baltimore

05867

CERTIF	ICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH County County City or town and analysis of the state of the sta	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Dolor or race 6.(a) Single, married, withowed, or divorced 6.(b) Name of husband or wife 6.(b) Name of husband or wife 6.(c) If allve, give age 7. Birth date of deceased (mo., day, yr.) 4. Sex 6.(c) If allve, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	2D. DATE DF DEATH
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 53 17. Junial Date thereof. 6. 5-9	Diher conditions (Include pregnancy within 3 months of death) Major fiadiags of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?)
18. Funeral director Address Struct 19. 6-15 19. 19. 5-15 Chapter 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Magnes of Injury 23. SIGNATURE 23. SIGNATURE Address Address

MARGIN RESERVED FOR BINDING

6	carly and legibly.
OR BINDING	every item of information ite the causes of death cl
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly.
•••	WRITE PLAINLY, WIT.

Dr. Harbold Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

05868

Balt imo re	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number

7601 010 Hariord Road			(08 Q	(If rural, give LOCATION)		
How long in hospital or institution?				2.(a) If veteran, name war		
3. (a) FULL NAME		Ste	lla R. Sternat	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	me	rried	20. DATE OF DEATH. June 21st. 1945 12://	7AM	
			Sternat years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, y				Immediate cause of death Caramany Thomas Dynatio		
8. AGE: Years		Days	If less than one day	Immediate cause of death Andrew Conference 3 DUBATIO	n	
58	11	21	hrs,min.		*****	
9. Birthplace	Louisia (Town, e	na ounty, and s	state)	Due to Caronary sclerous		
10. Usual occupation	at ho	me		Oue to arteriosolerosis	111 001 000	
11. Industry or business				UUE TO.	•••••	
至 12. Hame	Moyd			Other conditions Departension		
13. Birthplace	S	pain		(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace			***************************************	(Include pregnancy within 3 months of death) Major findings of operations		
15. Birthplace				Major hadings of operations		
	. August	H. S	ternat	Autopsy results.		
			d Road -14-	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
			of 6/25/45 (month) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Parkwood				Where did injury occur?		
Location Baltimore				Injured at home, farm, industry, public place (where?)		
Leonard J. Ruck				Means of Injury Injured at work?		
Address 5305 Harford Road -14-				H. V. Harlold m.	0.	
19. 6-23-	46 ₁₉		1-M-Bacow Registrar	23. SIGNATURE M. D. or other Address 4706 Harford Rooms signed 6/22/9	45	

A15 SA PLEASE



DIAM SUCTABILITY

MARYLAND STATE DEPARTMENT OF HEALT

2411 N. Charles St., Baltimore 4.2

05869

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 47 Days Hospital, institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland How long in hospital or institution? 47 Days 3. (a) FULL NAME HENRY C. STITZ			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
			3. (b) Social Security Number 47-18-3693		
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH. June 1, 1945 19 19 19 19 19 19 19 19 19 19 19 19 19		
6.(b) Name of Nurbant of wife Margaret Stitz 6.(c) If alive, give age 38 years			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		

June 22. 1901 deceased (mo., day, yr.) It less than one day 8. AGE: 11 43 9. Birthplace Baltimore Maryland (Town, courty, and state) Blender 10. Usual occupation...

11. Industry or business E 12. Name Adam W. Stitz
L 13. Birthplace Baltimore

14. Malden name Marie Dieker 15. Birthplace Germany Clinical Records, Vets. Adm. Fac.

(Date rec'd by registrar)

17 Burial (Burial, cremation, or removal, Which?) Wesley Chapel Rock Hall, Md.

Fort Howard, Maryland

18. Funeral director Wm. J. Tickner North Ave & Penn. Balto. Md. Address

Immediate cause of death.....

Malnutrition Due to Carcinoma of the Stomach Unknown

DURATION

Other conditions Metastatic carcinoma of the liver, peritoneum, mesenteric and retropentioner and ymph madde sath) Major findings of operations.....

Autopsy results Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following;

(City or town) Injured at home, farm, industry, public place (where?) injured at work?

Accident, suicide, or homicide.....

Where did injury occur?

Mesns of injury

23. SIGNATURE. LT. COL. M. CP. CEPN. DIR. Fort Howard, Md. Bate signed 6-1-45

carefully.

BINDING

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WITH UNF important.

PLAINLY, is especially

PLEASE

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05870

CERTIFICA	TE OF DEATH Reg. Dist. No. 73		
1. PLACE OF DEATH: County Baltimore City or town Fullerton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 45 years Nospital, Institution, or street address where death occurred: 3711 Putty Hill Ave, How long in hospital or institution?	City or town		
MARY AMELIA BELL STOKES	3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH June 8th, 19 45 at 6:15A.		
6.(6) Name of husband or wife. John Stokes T. Birth date of deceased (mo., day, yr.) May 2nd, 1864 8. AGE: Years Months Days If less than one day 81 1 6 hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 19. 19. 19. 20. Immediate cause of death		
16. Informant Mrs. B. L. Taylor Address 3711 Putty Hill Ave.	Autopsy results		
17. burial (Burial, cremation, or removal. Which?) Cemetery or crematory Baltimore Location Baltimore, Md. 16. Funeral director, Advanced Address 7401 Belair Road	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
19 June 10 19 42. Mrs. 9. L. Reilsnider	23. SIGNATURE M. D. or other		

Registrar

Address 5703

Harforell

Date signed 6/8/88

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

19 7

19 Mate rec'd by registrar)

JUN 12 1945 BUREAU V.E.

Date signed la f

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 183 CERTIFICATE OF DEATH

	steg. Diec. 110humhammamma
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(For newborn infants give residence of mother)
City or town Julian Island, muller	State Md. County Baltimore
(If outside city or town limits, write RURAL and give nearest town)	1 h
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	919 Paralagen 1.
	Street No.
How long in hospital or institution?	(If Veral, give LOCATION) 2.(a) If veteran, name war
3 (a) FULL NAME	10.73.0 . 20
Diana Jutes	Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale It hute Imale	6 0 , - 1,3
	20. DATE OF DEATH. 20. 1945 at 15
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Jan. 12 - 1938	
8. AGE: Years Months Days If less than one day	Immediate cause of death
- 6 11	· · ·
7 6min.	(Rossenso (Jeadentel)
Botime.	
9. Birlhplace	Oue to.
Val - la la	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name	Other conditions
13. Birthplace	
14. Maiden name Marion Tutchtons 15. Birthplace Baltings	(Include pregnancy within 2 months of death)
15. Birthplace Baltimas	Major findings of operations
- 1 to. brimpiace	Oate of op
16. Informant of illian Secomberg	Autopsy results
0.06 10.101 6.11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9/9 dengrew 11. 650x	20 MOUTING IA death was due to entered agree 4th to the following
17 Barral Date thereof July 7 - 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Complement Oak Lawn	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory.	(City or town) (County) (State)
Location 6 asterns Cong. Ocras	Injured at home, farm, Industry, public place (where?)
18. Funeral director John G. Connelly	Means of Injury Drowers 9. Injured at work? 20
Address 418 Eastern are . Essex	me - h.s
a 22 115 Th & handle	23. SIGNATURE SI
(Date rec'd by registrar) (Date rec'd by registrar)	Depring 11) except com
togistrar	Address O Date signed &

Address....

HEADS TO STADENTED

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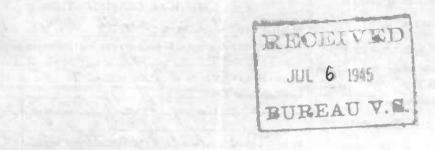
VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Diat. No. 44
1. PLACE OF DEATH: County Ba I to Cilly or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, inslitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Clayence H. Unverz 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number 213-10-0846
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 27th 1941-1119
6.(6) Hame of husband or wife 120 x y GT 22 x x x 20 9 t	and that I last saw h I.M. alive on June 2 7 1945
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Coronary Insufficiency 2 yrs
9. Birthplace Balto (Town, county, and state) 1D. Usual occupation CALA. V. J.	Due to Essential Hypertension 10 yrs
11. Industry or business F. H. A.	Other conditions
13. Birthplace	
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations.
2 15. Birthplace 16. Informant Mary G. Universagt	
Address Seneca Part Beach	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing:
17. Buyla Bale thereof 6 30 45 (Buriai, cremation, or removal, Which?) Cemetery or crematory. Holy Processing the second control of the second control	Accident, suicide, or homicide
Location Bar 1 to Md	(City or town) (Connty) (State) Injured et home, farm, Industry, public place (where?)
18. Funeral director Lassalin Financal Home	Means of Injury Injured at work?
Address 7401 Belain OPd. p. 1	23. SIGNATURE Paul P. Estefo M.D. grother
19. 19. 2 19.45 Marson d - Tarber Registrar	



2411 N. Charles St., Baltimore (1810)

CERTIFICATE OF DEATH

(15873 P

				Reg. Dist. No	***************
1. PLACE OF DEATH:	344		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
CountyBaltimore			(For newborn infants give residence of mother) State Maryland County		
Catonsville (If outside city or town limits, write RURAL and give nearest town)				ty	••••••
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			City or town Baltimore (If outside city or town limits,		
How long in above place of death? Hospital, institution, or street add	ress where death occurre	d:	Street No. 3422 East Baltimo	write KUKAL and give near	rest town)
Spring Grove St					
How long In hospital or institution			(If rural, give LOCATION)		
		TV	2.(a) It veteran, name war		
3. (a) FULL NAME	Hen	ry Verges		3. (b) Social Security 1	Number
4. Sex 5. Color	or race S.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male Wh	gite Ma	arried	20. DATE OF DEATH June 23, 194	15	12:10 P
		singer	21. I CERTIFY that death occurred on the date above June 19, 1945	June 23	sed from
7, Birth date of		(c) It alive, give age	and that I last saw h im alive on June	23rd, 1945	19
deceased (mo., day, yr.) Aug			Immediate cause of death		DURATION
8. AGE: Years Mor	10 23	If less than one dayhrsmin.	Immediate cause of death	nsufficiency	Indefin
Bal	timore, Md.		Bue to Chronic hepertensia	ve cardio-	0
9. Birthplace (Towe, county, and state)			renal disease with ger	neralized	***************************************
10. Usual occupation Carpenter		arteriorsclerosis		19	
Tr. 4 7 3 2			Due to		•••••
11. Industry or business	Verges			***************************************	
			Dther conditions		****************
421			(loclode pregnancy within 3 m	onths of death)	
里 14. Malden name. Eliza	beth -?				
15. Birthplace Unkr	Own		Major fiediogs of operations		
Caraca Caraca		Carrier Carre Ot t	Autopsy results. As above		00000×0000000×00000×
16. Informant HOSDITAL	records -	Spring Grove Stat	PHYSICIAN: Please underline the cause to white	ch death shoold be charged	statistically.
Address Hospital,	Catonsvil	le, 28, Md.			
a Chicago	Nate the	ment b. 2h- 45	22. VIOLENCE: If death was due to external cause		
(Burkel, cremation, or remov	al. Which?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	manue	}	Where did injury occur?(City or town)	(County)	(State)
1/10 . 0	, 4		injured at home, tarm, industry, public place (whe		
Location	y live	2 00 0	Means of injury	Injured at work?	
1B. Funeral director	y CM	Jully Luc	ansans or injury	Injured at work?	
Address 2 +41-	2 (00 in	1 14,	al and	May 1 DY	10.
11.	11-1	16	3. SIGNATURE.	VI ZOOT, M. D.	or other
19. 6/02	19. 45.	w mance	Catonsville, 28. Mg	aryland Date signed	6/23/45
(Date rec'd by registrar)	•	Registrar	Address	Date signed	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore (A.C.)

Towson 4 Maryland

.Date signed...

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	F DECEASED:
City or town. Towson, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Many Bo	Bally Cily
How long in above place of death? May 14, 19#3 Hospital, institution, or street address where death occurred: Eudowood, Sanatorium, Towson 4, Md.	Street No. 100 Midge	s. write RURAL and give nearest town)
How long to hospital or institution? Since May 14, 1945	2.(a) tf veteran, name war	V
3.(a) FULL NAME Martin Warch (D	varely)	3. (b) Social Security Number 712-15-865-8
1. Sep 5. Color or rave 6.(a) Single, married, widowed, or divorced Married	MEDICAL C	ERTIFICATION
6.(b) Name of husband or wife	21. I CONTIFY that death occurred on the date abo	45 to July 5 1945
deceased (mo., day, yr.) June 27, 1905	and that t last saw h. A	
8. AGE: Years Months Days it less than one dayhrs	Immediate cause of death	DURATION
9. Birthplace Daffinal Mil	Due to.	Oleset
tD. Usual occupation Sheep Gald Warsher Ryger	Due to	1943
t1. Industry or business 12. Mame A AM MARCHA MARCHA 13. Birthplace Lea & A A Savannas	Dther conditions	
t4. Maiden name Sulabety Musuus	(Include pregnancy within 3 m	
Personal History Hospital Records	Autopsy results.	
Address Eudowood Sanatorium Towson 4, Mc	PHYStCIAN: Ptease underline the cause to wh	ich death should he charged statistically.
Burial Date thereot 6/8/45 (month) (day) (year)	22. VIOLENCE: tf death was due to external cause Accident, suicide, or homicide	
Cemetery or crematory Woodlawn Cem	Where did injury occur?(City or town)	(County) (State)
tocation Moodlawn, Md.	injured at home, farm, industry, public place (wh	
t8. Funeral director	Means of injury	injured at work?
Address Balto., Md.	6/100:	The ile
19. 6 4 45 Guffes (Date regid by registrar) Registrar	Towson 4 Maryla	nd M. J. andber 5-45

Registrar Address....

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

Reg. Diat. No. 1/2

(user 05875)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new form infants give residence of mother)
County Duck The County	State County allimore
City or town(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1903 Stammonds Thing and
1963 Parant franchis	(If rurai, give LOCATION)
How long in hospital or institution?	2.(u) If veteran, name war.
3. (a) FULL NAME Leage H.	3. (b) Social Security Number
4. Sex 5. Color or tace 6.56) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH AND 2/ 19.45 at /0.49 M
6, (b) Name of husband or wife Asy A Hard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) If all un alua aga unass	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8 AGE- Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	apopleya
Marulenda	
9. Birthplace (Town, county, and state)	Due to See also I Transcriber dina i
10. Usual occupation Italian Indiana	
11. Industry of business BOORR	Due to.
× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12. Name A A A A A A A A A A A A A A A A A A A	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 11. 11. Birthplace	Major findings of operations
X 15. Birthplace	Date of op.
16. Informant Massy A Massy	Autopsy results.
Address 1913 Nammonda thrylld	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removat. Which?) (Burial, cremation, or removat. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Ludin Park	Where did injury occur?
R. Itru 1	Injured et home, farm, Industry, public place (where?)
Location Color Rus	Means of Injury Injured et work?
18. Funeral director	B. I Need Killed
Address /217 St/aul M	23. SIGNATURE La for fint for Elan Poels
hungs 95 Detille	M. D. or other
(Date ree'd by registrar) Registrar	Address 1010 Reeds are Date signed 6-21-41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

				11	PROFICE	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me	DECEASED:	
County Baltimore			•••••••••••	State Maryland County		
City or town			RURAL and give nearest town)	D-1+i mom		
How loss is share place of death? 21 yrs., 10 mos., 14 days			, 10 mos., 14 days	City or fown	write RURAL and give ne	arest town)
Hospilal, Institution, or street address where death occurred: Spring Grove State Hospital			d:	Streef No. 9 Fort A	venue	
				(If rural, give L		•••••
How long in hospital or	Institution?2	l yrs.	, 10 mos., 14 days	2.(a) If veteran, name war		
3. (a) FULL NAM	E Harry We	aver			3. (b) Social Security	Number
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
Male	White		Single		19.45	7:05 p
B.(b) Name of husband			dates these	21. I CERTIFY that death occurred on the date above August 7	3 to June	21 19.45
7. Birth date of			(c) If allve, give ageyears	and that I last saw h. im alive on	lune 21	19.45
deceased (mo., day,	r.) Sept	ember 2	22, 1882	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Gangrene (with h	nemorrhage.	
62	8	30	hrs min.	4 hours), infect	ious bi-	
9. Birthplace	Labo	rer	Maryland state)	Due fo lateral, buttock Due fo Septicemia, unde		***
11. Industry or busines	s Odd	jobs		logy		Indefinit
12. Name	Henr	y Weber	*	Dther conditions		
Y 13 Richalace		imore,	Md.			
	Mall	ie Fors		(Include pregnancy within 8 mc	onths of death)	
14. Maiden name.		***************************************	-Wessessessessessessessessessessessessess	Major findings of operations		
≥ 15. Birthplace	Balt	imore,	Md.			
16. Informant	Hosp	ital re	ecords	Antopsy results	ve	
		ne srill	e, Balto 28. Md.	PHYSICIAN: Please underline the cause to which	ch death should be charged	statistically.
Address				22. VIOLENCE: If death was due to external cause		
17. Buri			reof	Accident, suicide, or homicide		
			State Hespitel	Where did injury occur?(City or town)	(County)	(State)
Location Catonsville 28, Meryland			yland	Injured at home, farm, Industry, public place (whe		
				Means of Injury	injured at work?	
18. Funeral directorSpringGroveStateHospital				Caber 86.	Fardu	eTM. ds
19(Date rec'd by re	7/2.19 Y	5	2. C. lingue	23. SIGNATURE ROBERT E. Gardne June 22, 1945.C	er, M.D. M.D atonsvilpleseped Marvi	Balto -28

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE VS A15

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The correct age

RECEIVED
AUG 1 1945
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: . 2. USUAL RESIDENCE (HOME) OF DECEASED: Bullemork (For newborn infants give residence of mother) Arbutus (If outside city or town limits, write RURAL and give nearest town information carefully, of death clearly and Arbutus (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Mospital, Institution, or street address where death occurred: 5107 Leeds Ave. Street No..... Leeds Usr (If rural, give LOCATION) Now long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Thomas Welden 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of BINDING White Male Married June 10, 1945 19 21/201 20. DATE OF BEATH..... 8.(b) Name of husband or wife. Ida C. Welden 21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from march RGIN RESERVED FOR 7. Birth date of and that I last saw h. I.M. alive on Lucul Dec. 3, 1869 Supply e deceased (mo., day, yr.) 8. AGE: If less than one day 75 Cardin Mascular bleg everatur ble Retired 10. Usual occupation...... Rice Bakerv 11. Industry or business William T. Welden 12. Name..... Md. 13. Birthpiace (Include pregnancy within 3 months of death) 14. Maiden name Mollie Arlow Major findings of operations..... Md. E 15. Birthplace PLAINLY, is especially Mrs. Ida C. Welden PHYSICIAN: Please underline the cause to which death should be charged statistically. 5107 Leeds Ave. Arbutus. Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Burial (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) Loudon Park Com. WRITE Cemetery or crematory...... Balto., Md. injured at home, farm, industry, public place (where?) WM. J. TICKNER & SONS Means of Injury Balto., Md. Address 23 SIGNATURE M. D. or other

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

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CERTIFICATE OF DEATH

Dist No 36

How long in above place Hospital, institution, or Spring How long in hospital or	Catonsvil. utside city or town of death?	death occurred	URAL and give nearest town) 2. months., 24 days ipital 2. months., 24 days	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State Maryland Communication of City or town Baltimore (If outside city or town limit Street No. 1722 Byrd Street (If rural, give 2.(a) If veteran, name war.	ts, write RURAL end give nearest town	n)
3. (a) FULL NAM		R. Whe	eler		3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced widowed				MEDICAL C	CERTIFICATION	420P
			c) If alive, give ageyears	21. I CERTIFY that death occurred on the date at March 28	40 , to June 21, June 21,	
8. AGE: Years	Months	Days 6	If less than one day	lower labor	~ Muses =	
9. 8irthplace				Due to.	Disease by	def.
13. Birthplace	? El	lmore		Other conditions	months of death)	
16. Informant Hospital records Address Catonsville, Baltimore - 28, Md.				Antopey results A S a bov o	which death should be charged statistical	Ny.
17	Jegg Legy 5 Legy 3 194	a J	Herry College	Where did injury occur?(City or town) Injured et home, farm, industry, public place (Means of injury	(County) (State) (where?) (min)ured et work? (dner, M.D. M.D. or other	4.10



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

05880**38** P

eg.	Dist.	No.	

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Bal	lto.		***************************************	(For newborn infants give residence of mother)		
			URAL and give nearest town)	Stale County County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
lospital, institution, or	street address where	death occurred	l:	Street No. 3110 Gwynns Falls Pkwy.		
	812 Rege	ster Av	70.	(If rural, give LOCATION)	/	
Now long in hospital or	r Institution?			2.(a) If veleran, name war	V	
3. (a) FULL NAM		BEULAH	BENTON WHITE	3. (b) Social Security Number	r	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	white		Married	20. DATE OF DEATH. June 9, 1945, at 6	:05 P	
6.(b) Name of husband	or wife	Timbro	ok White	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	m	
		0.1	e) If alive who are weare	apr 19/44 10 10, Jun 9	19.4.0	
7. Birth dale of	Tax 7 ***	2, 187	c) If alive, give ageyears	and that I last saw h. Let alive on	19	
deceased (mo., day,)			It less than one day		DURATION	
8. AGE: Years		Days		and the state of t	baul	
70	11	7	hrs min.	+ paralysis 5	mo.	
10. Usual occopation 11. Industry or busines	Stouse	refe	state)		7	
12. Hame	William E	. Ford		Other conditions	5	
13. Birthplace	Fairmo	unt, Md	•	(Include pregnancy within 3 months of death)		
14 Maldan same	Metka E.	Muir	***************************************		-	
14. Malden name.	Fairmo			Major findings of operations.		
	s. Wendell			Date of op.		
16. Informant	S. Mandall	. A. Da	Ke L	Autopsy results	ally.	
Address 31	10 Gwynns	Falls	Parkway			
C/20/AF			6/12/45	22. VIOLENCE: If death was due to external causes, fill in the following:		
				Accident, suicide, or homicide		
Cemetery or crematory. Loudon Park Cem.				Where did injury occur?	e)	
Balto., Md.				Injured al home, farm, industry, public place (where?)		
	WM. J. TI	CKNER	& SONS	Means of Injury // Injured at work?		
18. Funeral director				(N 2:08) Q 7: 11-L1		
Address	Balto., M	ld.	0	23. SIGNATURE PAULO & MULLIST		
1111	1/1		HELD Hodo	M. D. orjothe	r,/	
19. (Date r/c'd by re	19		Registrar	Address 2 2 20 yannoz Br Dale signed All	111/4	

1	à	E	O	0	4
1	2	U	0	0	1

2411	14.	Charl	es St.	, Balti	imore	(830)
						TH

		CERTIFICA	ATE OF DEATH Reg. Diat. No		
How long in above place Hospital, institution, or B	tonsville outside city or town H of death?	mits, write RURAL and give nearest town) death occurred: Rd.	City or town.		
3. (a) FULL NAMI	E NE	LLIE WIEST	3. (b) Social Security Number		
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION June 1, 45 6:30A.		
6.(b) Name of husband or wife. Wm. A. Wiest 6.(c) If alive, give age			May 1944 to fine 1943		
Balto., Md. 9. Birthplace Balto., Md. 10. Usuat occupation None 11. Industry or business 12. Name Richard Read 13. Birthplace England 14. Maiden name Unknown 15. Birthplace England 16. Informant Mr. W. Read Wiest Address Belle Grove Rd., Catonsville 17. Burial Barial Bate thereof 6/4/45 (Burial, cremation, or removed. Which) (mognith) (day) (year) Cemetery or crematory Authority (mognith) (day) (year) Location Saltune Md. 18. Funerat director WM. J. TICKNER & SONS			Due to		
			(Include pregnancy within 3 months of death)		
			Address	Balto.,	

Auffol.

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly VS A15

(Date ree dby registrar)

MARGIN RESERVED FOR BINDING

The correctage

05882

Catonsville-28, Md. Date signed 6/18/45

2411 N. Charles St., Baltimore 300

CERTIFICATE OF DEATH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and regial

(Date rec'd by registrar)

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECE. (For newborn infants give residence of mother)	ASED:			
County	Baltim	ore			B-of-			
Catonsville (If outside city or town limits, write RURAL and give nearest town)			11717 A T	State Maryland County				
(if of	tside city or town	onth	7 days	City or town	(Q			
How long in above place Hospital, Institution, or	of death?thththth.	death occurr		Street No. Larry Avenue	OKAL and give hearest toway			
Spring	Grove Sta	te Hos	oital	Street No	ON)			
How long in hospital or	institution? 1 m	onths,	7 days	2.(a) It veteran, name war				
3. (a) FULL NAME				3. (b)) Social Security Number			
	Charles W							
4. Sex	5. Color or race	6.(a)Sing	gie, married, widowed, or divorced	MEDICAL CERTIF	ICATION			
Male	White		Divorced	20. DATE OF DEATH. June 18				
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above stated; May 11 19 45 11	June 18 18 45			
7. Birth date of		28, 1	(c) If alive, give ageyears	and that I last saw h. himalive on				
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DURATION			
				Cerebral hemorrhage	l day			
49	1	21	hrs,mln.					
9. Girthplace			Virginia state)	Due to Central nervous sys syphilis	Indef.			
1D. Usual occupation	Carpe	nter		Bus is				
11. Industry or business	Carne	nterin	ø	Due to				
	Toman		ley	Other conditions	***************************************			
E	Balti		= -7					
			2	(Include pregnancy within 3 months of	death)			
14. Maiden name 15. Birthplace			ie	Major fiadings of operations				
15. Birthplace	Balti	more		***************************************	Date of op			
16. Informant	Hospi	tal re	cords	Antoney results None				
				PHYSICIAN: Please underline the cause to which death	should he charged statistically.			
Address Catonsville—28, Balto., Md. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Oak Lawn				22. VIOLENCE: If death was due to external causes, till la	the following;			
			(month) (day) (year)	Accident, suicide, or homicide				
				Where did injury occur?	(County) (State)			
Location Eastern Ave. Road			re. Road	Injured at home, farm, industry, public place (where?)				
			nelly	Means of Injury	Injured at work?			
			Ave., Essex	(NO 761	farduer H. K			
Address			1/1/1	23. SIGNATURE	The Describer			

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

05883

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ballmune	me of at.
(If outside city or town limits, write RURAL and give nearest lown)	0.0
How long in obove place of death? 7.0 4	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Corkett ad
dilition in the contract of th	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Clarence Das	3. (b) Social Security Number 220-01-05-19
4. Sex 5. Color or race 6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
m. w. manied	20. DATE DF DEATH. Qune 25 19 45 01 12:30 AM
6.(6) Name of husband or wife Katre (new Stitely).	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Jame 19 45, 10 23.19 40
7. Birth date of deceased (mo., day, yr.) June 7 1875	nd that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
70 - 18hrsmin.	
9. Birthplace	Due to
1B. Usual occupation machinist & Painter	Due to
11. Industry or business Black & Decker Info Co.	Die (t.
12. Hame Wilson Quilson 13. Birthplace Phila Pa	Other conditions.
13. Birthplace Chila Ca	
14. Maiden name may olyan 15. Birtholace Bello-Co. md.	(Include pregnancy within 8 months of death)
15. Birtholace Balto - Co. m.l.	Major findings of operations.
18. Informant Mus C. D. Wilson	
n 1 + n 1	Antopsy results
Address Mundelon, med.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Hereford Bakphite	Where did injury occur?
11 1 1 2 24 2 - 1	
Location Heriford, Balto, Co. m.d.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director dander Durifus	mount of injury injury injury
Address Sparly md.	Inila (datus In 10
6-26 45 Wilmer C.Ensor	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address State Hall Date signey 2 20'4



2411 N. Charles St., Baltimore (3)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

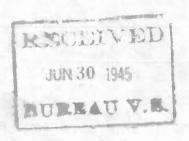
05884

Post.	2		8	7
Reg.	Dist.	No		1.

1. FLACE OF DEATH;	(For newborn infants give residence of mother)	
County Baltimore	Manualla do 17.	
City or town (If outside city or town limits, write RURAL NEAR and give town)	State County County	~~~
Street address, hospital, or institution: 3 ellinose County Honga Cou	City or town (If outside city or town limits, write RURAL NEAR and give	ard No e town)
1 2 4 1 2 2 1	Street No.	
only in moderate of most (from or most) or days)	(II Idiai give DOOATION)	
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Herry Wilson	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single. married, wildowed, or divorced	MEDICAL CERTIFICATION	
male colored Widower	20. DATE OF DEATH June 2 2 19 &	(5-at 10 M
6 (b) Name of husband or wife Sakhee Wenne.	21. I CERTIFY that death occurred on the date above stated; that I ettended dece	eased from
C(a) If allow give and	aug 30 1938 10 June 2	2-1945
7. Birth date of	end that i last saw ham alive on	19.44.5
deceased (mo., day, yr.) day . 7. 1860	Immediate cause of death Chrome neplecities	DURATION
8. AGE: Years Months Days If less than one day	(Weam's Coma)	3 days
84 yr. 10hrsmin		301.37
9. Birthplace Maryland.	Due to arteris Elevous	500-
(Town, county, and state)	Due to	- July
10. Usual occupation Advoca	8 17	
11. Industry or business	Oue toSurelity -	
12. Name Samuel Wilson 13. Birthplace Unknown	Other conditions	
E 13. Birmpiace	(Include pregnancy within 3 months of death)	
14. Maiden name fore?. 15. Birthplace unkour	Major findings:	PHYSICIAN
15. Birthplace Unkour	Of operations	. Please underline the cause to which
16. Informant Balto. Co. Home Register		death should be charged statisti-
7.1	Of autopsy	cally.
Address Defas, ma.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Bernet Date thereof June 23 194	S	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide Date of	
Cemetery or crematory Dalto . Co. Some Cemelery	Where dld injury occur? (City or town) (County)	(State)
Location Letae . mg-	Injured at home, farm, industry, public place (where?)	
18. Funeral director Landom Brooks	Means of Injury injured at work?	
Address Sparlie. md.	Matheway & France	14.
the 22 wir Arm, alling	23. SIGNATURE XXXXIIII (). (XXXIII)	or other
19. (Date rec'd by registrar) Registrar	Address Cockey wille Ind. Date signe	16/2/.
U	11 Audicos - Uaie signe	143

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PLEASE '

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



115886

CEPTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Baltimore	
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Annel Arundel County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Charles St.
Opitz Nursing Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Florence M. Wookley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH JULE 13 1945 1430AM
6.(b) Name of husband or wife	21. I PRITEY that death occurred on the date above stated; that I attended deceased from
	Jac 10 1165 to June 13 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) September 1, 1009 8. AGE: Years Months Days If less than one day	Immediate cause of death. DUBATION
0. 1.02.	Care was Tremorrhage ! day
9. Birthplace Cecil County, Md. (Town, county, and state)	Due to UT CO J CLINTON ST
10. Usual occupationNane	Boot to
11, Industry or business	Due to
[12. Name Charles C. Woolley	Dther conditions True Tur of France 3 mon
12. Name Charles C. Woolley 13. Birthplace Cecil County, Md.	
	(Include pregnancy within 8 months of death)
	Major findings of operations That Ture / Tunery
	Date of op. The Land
16 Informant Mr. George E. Woolley	Autopsy results.
Address Annapolis, Md.	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
17 Burial Pola therent June 15, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or reproval. Which?) Date thereof. June 15, 1945 (month) (day) (year)	Accident, suicide, or homicide. Condidata Date of Jahranay 17. 1945.
Cemetery or crematory St. Ann's Cemetery	Where did injury occur? Catenarilles Soltimore Manufamola (City of town) (County) (State)
Location Appropolis, Mdy	Injured at home, farm, industry, public place (where?) Spitts Murasing Hornels
18. Funeral director. William AcurorEar	Means of injury accidental falls Injured at work?
Address 1003 W. Baltimore 2t.	8.1 -1
1.114 115/11/1	23. SIGNATURE M. D. or other
19. (Data/rec'd by registrar) Registrar	Address Latin area signed 5/13

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05887

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No.
	. (If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Shape, married, wildowed, or divorced Money	MEDICAL CERTIFICATION 20. DATE OF DEATH VNE / 3 1945 et 2 9 m
6.(b) Name of husband or wife. Boss & Thought	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7229 4 8 6 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace	Due to Chronic interstitial nephritis Cerson
10. Usual occupation.	Due to.
12. Name Suny S Manual Suny S 13. Birthplace Aboltomed 200	Other conditions - Grandle arteric activity of death) Other conditions - Grandle arteric activity act
14. Malden came Stank Pryns 15. Birthplace Boftmet Comp	Major findings of operations
Address Showe Did	Autupsy results
(Burial, cremation, oy removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Location	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
Address And Address	23 SIGNATURE a. Ly, France
19 (Date rec'd by registrar) 19 19 19 Registrar	M. D. or other

